


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 001 ***150.00

DOCUMENT # P00000014207	
1. Entity Name FISCHER FINANCIAL SERVICES, INC.	

Principal Place of Business 9900 W. SAMPLE RD. SUITE 300 CORAL SPRINGS FL 33065	Mailing Address 9900 W. SAMPLE RD. SUITE 300 CORAL SPRINGS FL 33065
---	---



2. Principal Place of Business - No P.O. Box # 1525 NW 3RD ST.	3. Mailing Address 1525 NW 3RD ST.
Suite, Apt. #, etc. SUITE 9	Suite, Apt. #, etc. SUITE 90

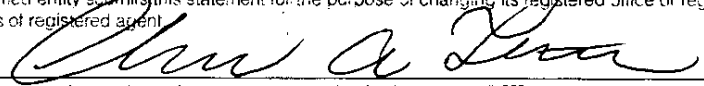
1st MOORE CR2E034 (10/07)

City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
Zip 33442	Country USA
Zip 33442	Country USA

4. FEI Number 65-0980986	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent FISCHER, CHARLES 9900 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS FL 33065	
---	--

7. Name and Address of New Registered Agent Name CHARLES FISCHER Street Address (P.O. Box Number is Not Acceptable) 1525 NW 3RD STREET STE 9 City DEERFIELD BEACH FL Zip Code 33442	
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/23/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D FISCHER, CHARLES 4928 SPINNAKER DRIVE DANIA BEACH FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
--	--

SIGNATURE: 	DATE 4/23/08	DAYTIME PHONE # 954 3407474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		