

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105156

Entity Name: PATRICK J. FISCHER, P.A.

FILED  
Mar 17, 2005  
Secretary of State

**Current Principal Place of Business:**

4137 BAY BEACH LANE  
SUITE 565  
FT. MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

4137 BAY BEACH LANE  
SUITE 565  
FT. MYERS BEACH, FL 33931

**New Mailing Address:**

FEI Number: 65-1057866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISCHER, PATRICK J  
4137 BAY BEACH LANE  
SUITE 565  
FT. MYERS BEACH, FL 33931 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: FISCHER, PATRICK J  
Address: 9550 CEDAR CREEK DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: FISCHER, PATRICK J  
Address: 4137 BAY BEACH LANE #565  
City-St-Zip: FT. MYERS BEACH, FL 339318904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK J. FISCHER

PS

03/17/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date