


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000115659 1. Entity Name VAN BUSKIRK/FISH & ASSOCIATES, INC.	
--	---

Principal Place of Business 12450 TAMiami TRAIL UNIT D NORTH PORT, FL 34287	Mailing Address 12450 TAMiami TRAIL UNIT D NORTH PORT, FL 34287
---	---

DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1081029	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FISH, ALAN K
12450 TAMiami TRAIL UNIT D
NORTH PORT, FL 34287**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PO FISH, ALAN K 3799 FONTAINBLEAU ST NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISH, SUSAN A 3799 FONTAINBLEAU ST NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000849860
03/21/08-80037-021-158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Alan K. Fish, President **3-3-08 941.426.0681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #