2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000054031 1. Entity Name D J FISCHER SERVICES, INC. Principal Place of Business Mailing Address 1330 COVEY COURT 1330 COVEY COURT VENICE, FL 34293 VENICE, FL 34293

FILED Apr 05, 2004 08:00 AM Secretary of State

01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1108873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FISCHER, DONALD J DO NOT WRITE 1330 COVEY COURT VENICE, FL 34293 IN THIS SPACE . 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 algreture required when reinstating) STATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FISCHER, DONALD J NAME 1330 COVEY COURT STREET ADDRESS U00000102343 04/05/04-80011-008 150.00 CITY-ST-ZIP VENICE, FL 34293 FISCHER, JOANN L MAME STREET ADDRESS 1330 COVEY COURT CITY-ST-ZIP VENICE, FL 34293 TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE RBF NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: DOUBLE TECHER DONALD J FISCHER SHOWATURE AND THE OR PRINTED NAME OF BICKING OFFICER OR DIFFECTOR	4/1/04	941 408 9641
SHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dete	Daylina Phone #