


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 048 ***150.00

DOCUMENT # P01000056327 1. Entity Name BYRON L. FISHER, INC.					
Principal Place of Business 6996 ASHTON ST. BOYNTON BEACH, FL 33437			Mailing Address 6996 ASHTON ST. BOYNTON BEACH, FL 33437		
2. Principal Place of Business - No P.O. Box # 5447 N. STATE ROAD 7		3. Mailing Address 2035 S.W. 26TH TERRACE			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State TAMARAC, FLORIDA		City & State DELRAY BEACH, FLORIDA		4. FEI Number 65-1126912	
Zip 33319		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33319		Country BROWARD		6. Name and Address of Current Registered Agent FISHER, BYRON L. 6996 ASHTON ST. BOYNTON BEACH, FL 33437	
Zip 33445		Country PALM BEACH		7. Name and Address of New Registered Agent Name (NOT NEW) FISHER, BYRON L. Street Address (P.O. Box Number is Not Acceptable) 2035 S.W. 26TH TERRACE City DELRAY BEACH FL Zip Code 33445	
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 <u>BYRON L. FISHER</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>APRIL 12, 2008</u>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, BYRON L. <input type="checkbox"/> Delete 6996 ASHTON ST. BOYNTON BEACH, FL 33437 (NEW ADDRESS ONLY) →		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, BYRON L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2035 S.W. 26TH TERRACE DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REIS, MAJORIE F <input type="checkbox"/> Delete 2792 DONNELLY DRIVE, APT. 344 LANTANA, FL 33462		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>BYRON L. FISHER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>APRIL 12, 2008</u> (561) 278-1519 <small>Daytime Phone #</small>		