


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 020 ***150.00

DOCUMENT # P01000103687	
1. Entity Name FISHERMAN HOMES, INC.	

Principal Place of Business 2715 SW 8TH COURT CAPE CORAL FL 33914	Mailing Address 2715 SW 8TH COURT CAPE CORAL FL 33914
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2. Principal Place of Business 1423 SE 16th Place	3. Mailing Address 1423 SE 16th Place
Suite, Apt. #, etc. # 203	Suite, Apt. #, etc. # 203
City & State Cape Coral FL	City & State Cape Coral FL
Zip 33990	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-1155844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAVE, THEODORE 2715 SW 8TH COURT CAPE CORAL FL 33914	
7. Name and Address of New Registered Agent Name Schave Theodore Street Address (P.O. Box Number is Not Acceptable) 602 SW 39th Avenue City Cape Coral FL Zip Code 33991	

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 Theodore Schave Theodore Schave 2-6-04
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, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	DP SCHAVE, THEODORE 2715 SW 8TH COURT CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Schave Theodore 602 SW 39th Avenue Cape Coral FL 33991 <input checked="" 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
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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 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: Theodore Schave Theodore Schave 2/6/04 239-980-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #