
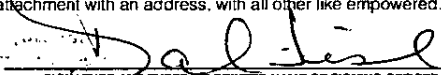


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90008 002 \*\*\*550.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # P01000104707</b>  |   |    |  |
| 1. Entity Name<br><b>FISHER CHARTERS, INC.</b>  |   |   |  |
| Principal Place of Business<br><b>907 BUNKER VIEW DRIVE<br/>APOLLO BEACH, FL 33572</b>  |   | Mailing Address<br><b>907 BUNKER VIEW DRIVE<br/>APOLLO BEACH, FL 33572</b>  |  |
| 2. Principal Place of Business<br><b>10 PAPAYA STREET</b>   |   | 3. Mailing Address<br><b>10 PAPAYA STREET</b>   |  |
| Suite, Apt. #, etc.<br><b>#1105</b>   |   | Suite, Apt. #, etc.<br><b>#1105</b>   |  |
| City & State<br><b>CLEARWATER, FL</b>   |   | City & State<br><b>CLEARWATER, FL</b>   |  |
| Zip<br><b>33767</b>   | Country<br><b>PINELLAS</b>  | Zip<br><b>33767</b>   | Country<br><b>PINELLAS</b>   |
| 5. Name and Address of Current Registered Agent<br><b>FISHER, LOUIS<br/>907 BUNKER VIEW DRIVE<br/>APOLLO BEACH, FL 33572</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____   |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PTD<br>FISHER, LOUIS<br>907 BUNKER VIEW DRIVE<br>APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10 PAPAYA STREET #1105<br/>CLEARWATER, FL 33767</b>                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>FISHER, DARLENE<br>907 BUNKER VIEW DRIVE<br>APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10 PAPAYA STREET #1105<br/>CLEARWATER, FL 33767</b>                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D<br/>NELSON FISHER<br/>11 SAN MARCO STREET #808<br/>CLEARWATER, FL 33767</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |   | 8-20-04 (813) 641-3353  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |  |