2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 8:00 am Secretary of State DOCUMENT # P03000007398 1. Entity Name 02-02-2004 90044 049 ***150.00 D. J. FISHER ENTERPRISES, INC. Principal Place of Business Mailing Address 11300 94TH STREET N. 11300 94TH STREET N. LARGO, FL 33773 US LARGO, FL 33773 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01062004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number 75-309 Applied For 6207 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER DAVID J. MORGAN HUGH Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BOULEVARD D113 SARASOTA, FL 34237 LARGO 8. The above named entity submits t 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 age SIGNATURE (NOTE: Registered Agent algneture required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. 1. <u>21</u>7. . . TITLE ☐ Delete TITLE Change : ■ Addition DAVID JAMES FISHER MAKE NAME STREET ADDRESS 11300 94TH ST. N. STREET ADDRESS LARGO CITY - ST-ZIP CITY-ST-ZIP FL. 33773 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Title ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustree embowered 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: MINTED HAME OF SKINING OFFICER OR DIRECTOR Daytime Phone

FILED