


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90405 042 ***150.00

DOCUMENT # P03000106692

1. Entity Name
RHONDA J. FISHER, P.A.



Principal Place of Business Mailing Address

1522 PINE TREE DRIVE 1522 PINE TREE DRIVE
 EDGEWATER FL 32132 EDGEWATER FL 32132

2. Principal Place of Business 3. Mailing Address

45 N. St. Andrews Dr. **Post office Box 731079**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ormond Beach, FL **Ormond Beach, FL**

Zip Country Zip Country

32174 **Valusia** **32173-1079** **Valusia**

4. FEI Number Applied For

59-3524223 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FISHER, RHONDA J
1522 PINE TREE DRIVE
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name: **Rhonda J. Fisher**

Street Address (P.O. Box Number is Not Acceptable): **45 N. St. Andrews Drive**

City: **Ormond Beach** FL Zip Code: **32174**

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: *Rhonda J. Fisher* DATE: **3/25/04**

Signatures, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	FISHER, RHONDA J	PO BOX 359	EDGEWATER FL 32132	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	FISHER, RHONDA J	P O BOX 731079	Ormond Beach, FL 32173-1079	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Rhonda J. Fisher* Rhonda J. Fisher 3/25/04 386-677-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #