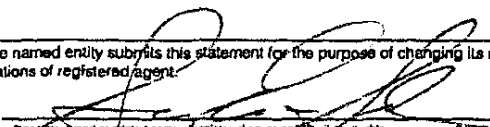
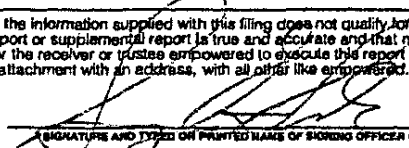


FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90209 039 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000109171			
1. Entity Name FISHER ELECTRIC SERVICE, INC.			
Principal Place of Business 7125 TEE DON CT HOLT, FL 32564		Mailing Address 7125 TEE DON CT HOLT, FL 32564	
2. Principal Place of Business 7125 TEE DON CT Suite, Apt. #, etc.		3. Mailing Address 7125 TEE DON CT Suite, Apt. #, etc.	
City & State Holt, FL		City & State Holt, FL	
Zip 32564	Country San Marino	Zip 32564	Country San Marino
4. FEI Number 02-0708892		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, GEORGE E 7125 TEE DON CT HOLT, FL 32564		7. Name and Address of New Registered Agent Name GEORGE E FISHER Street Address (P.O. Box Number is Not Acceptable) 7125 TEE DON CT City Holt FL Zip Code 32564	
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  DATE 5/6/04 Signature, typed or printed name of registered agent and fees applicable. (NOTE: Registered Agents signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 FISHER, GEORGE E 7125 TEE DON CT HOLT, FL 32564 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, TIM 290 MALLETT BAYOU DR FREEPORT, FL 32439 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 5/6/04 Daytime Phone # 850-685-1842	