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.

66420429
[redacted]

Principal Place of Business	Mailing Address
7125 TEE DON CT HOLT, FL 32564	7125 TEE DON CT HOLT, FL 32564

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7125 Tee Don Ct		7125 Tee Don Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Holt, Fla		City & State: Holt, Fla	
Zip: 32564	Country: Santa Rosa	Zip: 32564	Country: Santa Rosa

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 ______ 5/6/04
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

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 MALLET 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
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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: ______ 5/6/04 850-685-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #