


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90003 034 \*\*\*150.00

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| <b>DOCUMENT # P04000038730</b>                    |  |
| 1. Entity Name<br><b>R &amp; D FISHTRAV, INC.</b> |   |

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| Principal Place of Business<br><b>11421 GLENMONT DR<br/>TAMPA, FL 33635</b> | Mailing Address<br><b>11421 GLENMONT DR<br/>TAMPA, FL 33635</b> |
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**50066417**

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| 2. Principal Place of Business<br><b>340 ARIAN WAY</b> | 3. Mailing Address<br><b>340 ARIAN WAY</b>    |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                           |
| City & State<br><b>TAMPA, PA</b>                       | City & State<br><b>TAMPA, PA</b>              |
| Zip<br><b>19426-1982</b> Country<br><b>US</b>          | Zip<br><b>19426-1982</b> Country<br><b>US</b> |



07212005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br><b>59-3388802</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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| 6. Name and Address of Current Registered Agent<br><b>FISHER, WILLIAM R<br/>11421 GLENMONT DR<br/>TAMPA, FL 33635</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>CHARLES FEOAK</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>17121 MORRIS BROCK ROAD</b><br>City<br><b>THONOTOSASSA FL</b> Zip Code<br><b>33592</b> |
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| 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.<br>SIGNATURE <u><i>Charles FEOAK</i></u> DATE <u>7-21-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>FISHER, DOROTHY M<br/>11421 GLENMONT DR<br/>TAMPA, FL 33635</b> <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>340 ARIAN WAY<br/>TAMPA, PA 19426</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>FISHER, WILLIAM R<br/>11421 GLENMONT DR<br/>TAMPA, FL 33635</b> <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>340 ARIAN WAY<br/>TAMPA, PA 19426</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  |
| 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  |

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| 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: <u><i>Sh. Ronald Fisher</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | Date <u>9/1/05</u> Daytime Phone # <u>610-454-1212</u> |