


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P36407</b> 1. Entity Name MEL FISHER CENTER, INC.	
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Principal Place of Business 1322 US ONE SEBASTIAN, FL 32958	Mailing Address 1322 US ONE SEBASTIAN, FL 32958
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06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0256299	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FISHER, KIM  
200 GREENE STREET  
KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER-ABT, TAFI 1322 US ONE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, DELORES 200 GREENE ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, KIM 200 GREENE ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, KANE 200 GREENE STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLYNE, PATRICK 200 GREENE STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000370522  
07/05/05-80021-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05  
Date

772-589-0435  
Daytime Phone #