

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P36407

1. Entity Name
MEL FISHER CENTER, INC.



Principal Place of Business
1322 US ONE
SEBASTIAN, FL 32958

Mailing Address
1322 US ONE
SEBASTIAN, FL 32958



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0256299

Applied For
Not Applicable

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000912571
02/12/08-80054-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FISHER-ABT, TAFFI
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
WATSON, NICHOLE
1322 US ONE
SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ABT, JOSHUA
1322 US ONE
SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Taffi Abt

1/31/08