

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90269 018 ***150.00

DOCUMENT # P93000045217

1. Entity Name
FERSNER, INC.



Principal Place of Business

**8344 NO ARMENIA AVE
TAMPA, FL 33604 US**

Mailing Address

**4255 W HUMPHREY ST #313
TAMPA, FL 33614**

54043383

2. Principal Place of Business

10606 Carrollbrook Lane

Suite, Apt. #, etc.

3. Mailing Address

10606 Carrollbrook Lane

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3188233

Applied For

Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICKENBACKER, MARY L
4255 W HUMPHREY ST #313
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10606 Carrollbrook Lane

City

Tampa, FL

FL

Zip Code
33618

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RICKENBACKER, M L**
STREET ADDRESS **10606 CARROLL BROOK LANE**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **Salley A. Rickenbacker**
CITY-ST-ZIP **210 Morton Street
Nashville, TN 37211**

TITLE ☐ Change ☒ Addition
NAME **S-T**
STREET ADDRESS **John A. Rickenbacker**
CITY-ST-ZIP **7312 Cascading Pines Drive
Tega Cay, SC 29708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mary L Rickenbacker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

813-254-9338

Daytime Phone #

x2201