2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P95000023766 1. Entity Name FISCHER MARINE SERVICE, INC. Mailing Address Principal Place of Business 37517 US HWY 19 N. 37517 US HWY 19 N. PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3302407 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISCHER, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 37517 US HWY 19 N PALM HARBOR FL 34684 City Zip Code . . . 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: typen or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Bo 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ST ☐ Delete TITLE ☐ Change ☐ Addiss. NAME FISCHER, JENNIFER NAME U00000543270 759 CLAUDIA LANE STREET ADDRESS STREET ADDRESS 05/10/06-80130-019 150.00 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 PD ☐ Change ACC::: RITLE Defete TITLE NAME FISCHER, ROBERT F NAME STREET ADDRESS 759 CLAUDIA LN STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Action 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adding NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HKF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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

Davitore Phone #

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on ag

SIGNATURE: