

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000056197

1. Entity Name
MEL FISHER, KING OF THE CONCH REPUBLIC, INC.



Principal Place of Business
200 GREENE STREET
KEY WEST, FL 33040

Mailing Address
200 GREENE STREET
KEY WEST, FL 33040



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0694322
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

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UDDDD00141051
04/29/04-80184-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FISHER, KIM II
200 GREENE STREET
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FISHER, DELORES
200 GREENE STREET
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ABT, TAFFI F
200 GREENE STREET
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Kim Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

305-296-6533

Daytime Phone #