2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000003316

1. Entity Name JAY M. FISHER, P.A.



Principal Place of Business

875 CONCOURSE PKWY S. SUITE 195

MAITLAND, FL 32751 US

Mailing Address

875 CONCOURSE PKWY S. SUITE 195

MAITLAND, FL 32751

FILED Apr 13, 2007 08:00 AM Secretary of State



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59-3351603

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FISHER, JAY M 1501 THE OAKS DRIVE MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regis	tered Apent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		
10. OFFICERS AND DIRECTORS				
TITLE	P		The same of the same of the same	the contract of the second
NAME	FISHER, JAY			•
STREET ADDRESS	1501 THE OAKS DRIVE		The second of the second	<u> </u>
CITY-ST-ZIP MAITLAND, FL 32751				<u> </u>
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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

TITLE FISHER, WENDY E NAME 1501 THE OAKS DRIVE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE

12. I hereby certify that the information supplies with this ifing 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND THEO OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

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