

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000076095

1. Entity Name  
FISETTE CONSTRUCTION & REMODELING CO.



Principal Place of Business  
2336 PINE ISLAND COURT  
JACKSONVILLE, FL 32224

Mailing Address  
2336 PINE ISLAND COURT  
JACKSONVILLE, FL 32224

FILED  
04 JUL 20 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072004 No Chg-P CR2E034 (10/03)

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4. FEI Number  
59-3465821  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISETTE, RUSSELL A  
2336 PINE ISLAND COURT  
JACKSONVILLE, FL 32224

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | FISETTE, RUSSELL A     |
| STREET ADDRESS | 2336 PINE ISLAND COURT |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32224 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell A. Fissette* Russell A. Fissette, President 7-9-04 (904) 591-0606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #