2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002387

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OAKLAND PARK, FL 33309

() Delete

Entity Name: FISHERS OF MEN PUBLICATIONS, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 161 NW 35TH STREET OAKLAND PARK, FL 33309 US **Current Mailing Address: New Mailing Address:** 161 N.W. 35 STREET OAKLAND PARK, FL 33309 US FEI Number: 65-0806654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WENDEL, PAMELA J 161 N.W. 35 STREET OAKLAND PARK, FL 33309 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WENDEL, PAMELA J Name: Name: BANKS, MARY DR 161 N.W. 35 STREET 1112 HIDDEN SPIRIT TRAIL Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: LAWRENCEVILLE, GA 33045 () Delete Title: DV Title: DVP (X) Change () Addition WENDEL, MARK L Name: Name: THOMAS, MICHAEL A 161 N.W. 35 STREET 525 DOWLING CIRCLE Address: Address: OAKLAND PARK, FL 33309 LADY LAKE, FL 32159 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: DS/D () Delete DS WENDEL, HEATHER M WENDEL, PAMELA J Name: Name: 161 NORTH WEST 35TH ST. 161 NORTH WEST 35TH ST. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

DT

Title:

Name:

Address:

City-St-Zip:

OAKLAND PARK, FL 33309

1112 HIDDEN SPIRIT TRAIL

LAWRENCEVILLE, GA 33045

THOMPSON, RUTH

() Change (X) Addition

SIGNATURE: PAMELA J WENDEL SECR 04/14/2005