

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000082138

1. Entity Name  
FISCHER LAKE ISLAND, INC.



Principal Place of Business  
10729 U.S. HWY. #1  
SEBASTIAN, FL 32958

Mailing Address  
10729 U.S. HWY. #1  
SEBASTIAN, FL 32958



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3568283

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FISCHER, HENRY ANTHONY  
10729 U.S. HWY. #1  
SEBASTIAN, FL 32958

**DO NOT WRITE  
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

UD0000156723  
05/05/04-80037-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME FISCHER, HENRY ANTHONY  
STREET ADDRESS 520 BLUE ISLAND ST.  
CITY - ST - ZIP SEBASTIAN, FL 32958

TITLE V  
NAME FISCHER, HENRY ANDERW  
STREET ADDRESS 755 S. FISCHER CIR.  
CITY - ST - ZIP SEBASTIAN, FL 32958

TITLE T  
NAME FISCHER, CARL ANTHONY  
STREET ADDRESS 110 LANDOVER ST.  
CITY - ST - ZIP SEBASTIAN, FL 32958

TITLE S  
NAME FISCHER, ERIC CARL  
STREET ADDRESS 629 FISCHER HAMMOCK RD.  
CITY - ST - ZIP SEBASTIAN, FL 32958

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: HENRY A. FISCHER 4/28/04 772-589-8088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #