

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90538 042 ***150.00

DOCUMENT # P99000002525

1. Entity Name
LAWRENCE A. FISCHER, C.P.A., P.A.



Principal Place of Business
8401 9TH STREET NORTH, SUITE F
ST. PETERSBURG, FL 33702-3568

Mailing Address
P.O. BOX 20607
ST. PETERSBURG, FL 33742-0607

2. Principal Place of Business
898-85th Ave N

3. Mailing Address
Suite, Apt. #, etc.

City & State
St. Petersburg

City & State

Zip Country
33702 - Pineellas

Zip Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3551229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, LAWRENCE A
8401 9TH STREET NORTH, SUITE F
ST. PETERSBURG, FL 33702-3568

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

898 85th Ave N

City St Petersburg

FL Zip Code 33702

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FISCHER, LAWRENCE A
STREET ADDRESS 8401 9TH STREET NORTH, SUITE F
CITY-ST-ZIP ST. PETERSBURG, FL 337023568

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 898 85th Ave N
CITY-ST-ZIP ST. PETERSBURG FL 33702

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

727-577-6072

Date Daytime Phone #