


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90035 025 ***150.00

DOCUMENT # P99000053003 1. Entity Name FISCHER PROPERTY MANAGEMENT, INC.					
Principal Place of Business 2555 SW 39TH STREET CAPE CORAL, FL 33914			Mailing Address 2555 SW 39TH STREET CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 101015 Suite, Apt. #, etc.			
City & State		City & State Cape Coral, FL		4. FEI Number 65-0924670	
Zip 33910	Country	Zip 33910	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, MANFRED 2555 SW 39TH STREET CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name Fischer - correct spelling- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees...		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FISCHER, MANFRED 2555SW 39TH STREET CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FISCHER, BRITA 2555SW 39TH STREET CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brita Fischer</u> 03-15-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94030776



02122004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0924670** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name **Fischer - correct spelling-**
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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