

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91064 039 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V47374			
1. Entity Name FISHER'S AUCTION SERVICES, INC.			
Principal Place of Business 2030 HIBISCUS DR EDGEWATER, FL 32141 US		Mailing Address 2030 HIBISCUS DR EDGEWATER, FL 32141 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3132921		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, GARRICK N., ESQUIRE 2311 S. RIDGEWOOD AVENUE EDGEWATER, FL 32141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 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's signature required when reappointing) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, RAY 119 DIXWOOD AVENUE EDGEWATER, FL 32132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, BURMA 119 DIXWOOD AVENUE EDGEWATER, FL 32132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), 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 807, 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: <i>[Signature]</i> SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-29-04 386 Y 4125 Date Daytime Phone #	

94082761



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