

2005 FOR PROFIT CORPORATION ANNUAL REPORT


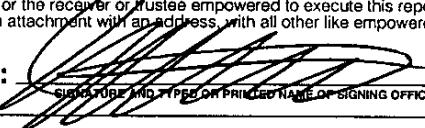
FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 032 ***150.00

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01262005 Chg-P CR2E034 (10/03)

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|---|---|---|---|
| DOCUMENT # V54826 | |  | |
| 1. Entity Name FISHER DISTRIBUTING, INC. | | | |
| Principal Place of Business 802 TOPAZ DRIVE ROCKLEDGE, FL 32955 | | Mailing Address C/O THOMAS R TOWNSEND, JR 984 S FLORIDA AVE ROCKLEDGE, FL 32955 US | |
| 2. Principal Place of Business 985 Bluegrass Lane | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Rockledge, Florida | | City & State | |
| Zip 32955 | Country USA | Zip | Country |
| 4. FEI Number 59-3138638 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOWNSEND, THOMAS R JR 984 S. FLORIDA AVENUE ROCKLEDGE, FL 32955 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | 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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPTS FISHER, JAMES A 802 TOPAZ DRIVE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/PT (D/P/T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fisher, James A. 985 Bluegrass Lane Rockledge, FL 32955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RXX VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gail B. Fisher 985 Bluegrass Lane Rockledge, FL 32955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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:  | | James A. Fisher, Director 4/18/05 321/638-1210 | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |