

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139990

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC7460417990**

**Entity Name:** FISHER KOPPENHAFFER, P.A.

**Current Principal Place of Business:**

9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 US

**FEI Number:** 14-1915699

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KOPPENHAFFER, MICHAEL  
9104 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,VP  
Name KOPPENHAFFER, MICHAEL  
Address 9104 CYPRESS GREEN DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

Title T,S  
Name KOPPENHAFFER, MICHAEL  
Address 9104 CYPRESS GREEN DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name STEVEN, PAPKE  
Address 9104 CYPRESS GREEN DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL KOPPENHAFFER

**PRES**

**01/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date