


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 034 ***150.00

DOCUMENT # H30175
 1. Entity Name
 IGPA, INC.



Principal Place of Business
 7300 SW 35TH WAY
 GAINESVILLE, FL 32608

Mailing Address
 7300 SW 35TH WAY
 GAINESVILLE, FL 32608

94019167



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2403587

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~SPLANE, CARY~~ *Dana Saad*
 7300 SW 35TH WAY
 GAINESVILLE, FL 32608

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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 *Dana Saad General Manager* *DS* DATE *2-17-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DT SPLANE, CARY <i>Dana Saad - General Manager</i> 7300 SW 35TH WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRASINGTON, CHARLES 7300 SW 35TH WAY GAINESVILLE, FL 32608 <i>(Delete)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *DS Dana Saad* DATE: *2-17-04* DAYTIME PHONE #: *352-372-1458*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR