

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065729

FILED
Jan 05, 2011
Secretary of State

Entity Name: INTEGRATED PROJECT DELIVERY, INC.

Current Principal Place of Business:

1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

Current Mailing Address:

1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Mailing Address:

1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

FEI Number: 59-3660820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, CAROL A
1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

CRAIN, SHANE L
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 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: SHANE L. CRAIN

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CCEO
Name: MATTHEWS, OWEN S
Address: 2034 COVE TRAIL
City-St-Zip: WINTER PARK, FL 32789

Title: P
Name: ROBERTS, JAMES
Address: 3225 STONEWOOD CT
City-St-Zip: ORLANDO, FL 32806

Title: ST
Name: CRAIN, SHANE L
Address: 12 GREEN LAKE CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VP
Name: ANDREW, TODD
Address: 2301 MERCATOR DR
City-St-Zip: ORLANDO, FL 32807

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: SHANE L. CRAIN

ST

01/05/2011

Electronic Signature of Signing Officer or Director

Date