

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109311

FILED  
Mar 11, 2004  
Secretary of State

**Entity Name:** INSPIRED TECHNOLOGIES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

116 STRATTONWOOD PLACE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

3278 CRAWFORDVILLE HWY  
UNIT H  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

116 STRATTONWOOD PLACE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

3278 CRAWFORDVILLE HWY  
UNIT H  
CRAWFORDVILLE, FL 32327

FEI Number: 01-0746858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOODSON, CRAIG  
116 STRATTONWOOD PLACE  
CRAWFORDVILLE, FL 32327 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOODSON, CRAIG  
Address: 116 STRATTONWOOD PLACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: BRUCE, RICHARD A  
Address: 241 DUNCAN DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD BRUCE

D

03/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date