

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101467

FILED
Feb 17, 2004
Secretary of State

Entity Name: INCIDENT MANAGEMENT TEAM OF FLORIDA, INC.

Current Principal Place of Business:

1904 ORANGE PICKER RD.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

1904 ORANGE PICKER RD.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-0193052 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MANCE, LYNDA
1904 ORANGE PICKER RD.
JACKSONVILLE, FL 32223

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: PD () Delete
Name: MANCE, LYNDA
Address: 1904 ORANGE PICKER RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: KNIGHT, MARILYN
Address: 24156 WOODHAM
City-St-Zip: NOVI, MI 483743442

Title: D () Delete
Name: WOLF, KENNETH
Address: 6330 BLOOMFIELD GLENS
City-St-Zip: WEST BLOOMFIELD, MI 483222513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LYNDA MANCE

PD

02/17/2004

Electronic Signature of Signing Officer or Director

_____ Date