

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90038 041 ***150.00

DOCUMENT # P98000076258 1. Entity Name INTERNATIONAL FINANCIAL AND MARKETING RESOURCES, INC.					
Principal Place of Business 1840 FAIRBANKS ST. LAKELAND, FL 33805			Mailing Address PO BOX 91215 LAKELAND, FL 33804-1215		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3557192			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LYONS, DOUGLAS 325 N. CALHOUN TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name MICHAEL T. CRONIN Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT STREET City CLEARWATER FL Zip Code 33756		
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 <i>Michael Cronin</i> DATE 2/2/04 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MURPHY, RICHARD C JR. 36 CIC. LAKELAND, FL 33815	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READY, WILLIAM 1303 ROBINHOOD LANE N. LAKELAND, FL 33813	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JACQUELYN 426 PALMOLA ROAD LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS JR., AMASA #5 WINDING CIRCLE VALDOSTA, GA 31602	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, BETTY R 460 WINDERMERE DR. LAKELAND, FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, BRUCE 906 CLEARVIEW AVE LAKELAND, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, R. DALE 1009 MECHAM #3 RUIDOSO, NM 88345	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE Sr., JEFF 10121 CALUMET LANE LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, WILLIAM DR 121 N 20TH ST OPELIKA, AL 36801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYNTHIA JOHNS 4325 HOMEWOOD LN LAKELAND, FL 33811	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTON, DAVID DR 339 LAKE SHORE CT POLK CITY, FL 33868	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Richard C. Murphy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-02-04 Daytime Phone # 863-688-9215		

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