


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90038 041 ***150.00

DOCUMENT # 529675	
1. Entity Name INDIAN ROCKS WOMAN'S CENTER, INC.	

Principal Place of Business 1560 S. HIGHLAND AVE CLEARWATER, FL 34616-2372	Mailing Address 1560 S. HIGHLAND AVE CLEARWATER, FL 34616-2372
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1722681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANAVAN, THOMAS 3401 66 TH ST. N. SAINT PETERSBURG, FL 33710	DO NOT WRITE IN THIS SPACE
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.	

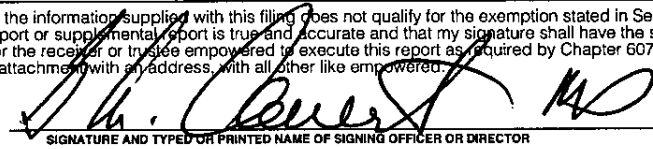
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAUERT, G. MICHAEL 3401 66TH ST N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CANAVAN, THOMAS 3401 66TH ST N SAINT PETERSBURG, FL 33710
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**DO NOT WRITE
IN THIS SPACE**

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:  **MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-5-04** Daytime Phone # **727-446-2690**