

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90027 029 \*\*\*150.00

**DOCUMENT # 133690**

1. Entity Name  
I.P.W. OF ORLANDO, INC.



Principal Place of Business  
806 W. WASHINGTON STREET  
ORLANDO, FL 32802

Mailing Address  
P.O. BOX 3217  
ORLANDO, FL 32802

24012076



2. Principal Place of Business

3. Mailing Address

P.O. Box 3217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004

Chg-P

CR2E034 (10/03)

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-0865053

Applied For

Not Applicable

Zip

Country

Zip

32206

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HITZING, E W  
5433 BUFFALO AVE  
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	SD DAVIS, SHAON	<input type="checkbox"/> Delete
STREET ADDRESS	5433 BUFFALO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	TD DAVIS, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	5433 BUFFALO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	CD HITZING, E W	<input type="checkbox"/> Delete
STREET ADDRESS	5433 BUFFALO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	VD HITZING, MABLE W	<input type="checkbox"/> Delete
STREET ADDRESS	5433 BUFFALO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME	PD HITZING, A. G.	<input type="checkbox"/> Delete
STREET ADDRESS	5433 BUFFALO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2004 914 353 0762  
Date Daytime Phone #