2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

DOCUMENT # 135166 1. Entity Name IVAN MUNROE INC.						}	Feb 26, 2004 08:00 AM Secretary of State		
Principal Place of Business Mailing Address						┪			
			3263 SE DIXIE HWY.						
STUART FL			STUART FL 34997						
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2. Principal I	Place of Business	3. Mai	3. Mailing Address			-			
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Surte, Apt	:. #, etc.	Suit	Suite, Apt. #, etc.				MOORE CR2E03	4 (11/03)	
City & Sta	te	City	City & State			1	FEI Number	1 14	oplied For
}		O.A.,	Only & Glatte				59-6063168		ot Applicable
Zip Country		Zip	Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of C	Current Bagintors	I Designation of Asset					Fee Require	d
	o. Maille allo Address of C	difent negistere	a Agent		7. Name and Address of New Registered Agent Name				
MUNROE, IVAN									
1619 NW RIVER TR.			Street Address			(P.O. E	Box Number is Not Acceptable)		
STUART FL 34994									
					City			Zip Cod	е
C The above and a time to the state of the s					1	/ FL			
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 register	ed agent and title if app	licable. (NO	TE. Registere	d Agent signature required	d when re	pinstaring) DATE		- 1
FILE NOW!!! FEE IS \$150.00									
After May 1, 2004 Fee will be \$550.00							9. Election Campaign Financing	\$5.0	0 мау Ве
Make Check Payable to Florida Department of State							Trust Fund Contribution.	∐ Added	to Fees
10. OFFICERS AND DIRECTORS				11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	ราศาร
TITLE NAME	PTD MUNROE, IVAN		☐ Delete	TITL	ļ			☐ Change	Addition 🗔
STREET ADDRESS	1619 NW RIVER TR.			NAM STRE	ET ADDRESS		000000066978 02/26/04–80037–02		
CITY-ST-ZIP	STUART FL				-ST-ZIP		U27267U4-8UU37-02	/O 150.0]
TILE	VSD		☐ Delete	TITLE				☐ Change	Addition
NAME	MUNROE, ANNE H.			NAM					
STREET ADDRESS CITY-ST-ZIP	1619 NW RIVER TR. STUART FL	•		1	ET ADDRESS				
TITLE	STOARTTE				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		<u></u>
HAME			Delete	TITLE	ĺ			☐ Change	☐ Addition
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"TLE			☐ Delete	TITLE				☐ Change	Addition
HAME STREET ADDRESS				NAME	·				
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TITLE .			☐ Delete	TITLE				Change	☐ Addition
NAME				NAME	i			ondigo	L_I Addition
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TITLE NAME			☐ Delete	TITLE	í			☐ Change	Addition
STREET ADDRESS				NAME STREE	ET ADDRESS				
CITY-ST-ZIP					ST-ZIP				į
12. hereby c	ertify that the information supplie	ed with this filling o	does not qualify fo	r the ever	nntion stated in Se	ction 1	19.07(3)(i), Florida Statutes. I further cel	rtify that the in	formation
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.									

Tran Municoe TVAN MUNICOE 2-24-04 772-286-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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