

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb-18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 226528**

1. Entity Name  
**I. P. W. OF TALLAHASSEE, INC.**



Principal Place of Business

**ELLIS W HITZING  
5433 BUFFALO AVE.  
JACKSONVILLE, FL 32208-5414**

Mailing Address

**P.O BOX 3217  
JACKSONVILLE, FL 32206**



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0873621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HITZING, E W  
5637 BUFFALO AVENUE  
JACKSONVILLE, FL 32208**

**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 \_\_\_\_\_

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 \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000055878  
02/18/04-80022-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HITZING, E W
STREET ADDRESS	5637 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	DAVIS, SHARON R
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	HITZING, MABLE W
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	DAVIS, RAYMOND
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	HITZING, A.G.
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/04 904-353-0962**  
Date Daytime Phone #