## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT #328684** 

1. Entity Name INVESTORS RESEARCH & DEVELOPMENT CORPORATION



Principal Place of Business

791 FIFTH AVE. SOUTH

P.O. BOX 249 NAPLES, FL 34102 US Mailing Address

791 FIFTH AVE. SOUTH P.O. BOX 249

NAPLES, FL 34102 US

FILED
Apr 08, 2005 08:00 AM
Secretary of State



01052005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1288148

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, WALTER JAMES 791 FIFTH AVE SO NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

				IN THIS SPACE			
	e named entity submits this statement for the pritions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE Registered	d Agent signature	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMITH,WALTER JAMES 3355 GORDON DRIVE NAPLES, FL	TORS			: IDDDDDDDDDDA		
TITLE Name Street address City+St+Zip	AS SMTH, BRENTON J 3161 8TH ST NW NAPLES, FL 34120				U00000292834 04/08/05-80003-023 15000		
HTLE NAME Street address City-St-Zip				DO	NOT WRITE		
TITLE VAME STREET ADDRESS CITY-ST-ZIP				in .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP							
IITLE NAME Street andress							

12. Thereby 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 eath, 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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER J. SMITH, PRESIDENT 4/6/05

Daytime Phone #

Date