

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90098 001 ***300.00

DOCUMENT # 511226

1. Entity Name

INTERNATIONAL FOLIAGE CORPORATION



Principal Place of Business

**150 BRADSHAW ROAD
P. O. BOX 2249
APOPKA FL 32704-7826**

Mailing Address

**150 BRADSHAW ROAD
P. O. BOX 2249
APOPKA FL 32704-7826**

0040/010



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1694430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELL, GARRY F
1497 SHADWELL CIR
HEATHROW FL 32746**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**DT
CONNELL, GARRY F.
1497 SHADWELL CIR
HEATHROW FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**PSD
SPARKMAN, KAREN H.
9850 JACKSON RD.
LEESBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

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:

K Sparkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/4

Date

407-886-3255

Daytime Phone #