


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 715698	
1. Entity Name INTERNATIONAL NAVAL RESEARCH ORGANIZATION, INC.	

Principal Place of Business C/O HENRY P. TRAWICK JR 5905 REINWOOD DRIVE TOLEDO OH 43613	Mailing Address C/O HENRY P. TRAWICK JR 5905 REINWOOD DRIVE TOLEDO OH 43613
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 34-1566095		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRAWICK, HAMMERSLEY & VALENTINE, P.A. 2051 MAIN STREET SARASOTA FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete	NAME HARRIS, ALLAN C STREET ADDRESS 5905 REINWOOD DRIVE CITY-ST-ZIP TOLEDO OH	TITLE	NAME 000000219070 02/08/05-80012-018 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME WRIGHT, CHRISTOPHER C. STREET ADDRESS 12847 FOLLY QUARTER RD CITY-ST-ZIP ELLICOTT CITY MD	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME SMYERS, RICHARD P STREET ADDRESS 327 VIRGINIA AVENUE CITY-ST-ZIP LAPORTE IN	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T <input type="checkbox"/> Delete	NAME HARRIS, ALLAN C STREET ADDRESS 5905 REINWOOD DRIVE CITY-ST-ZIP TOLEDO OH	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Alan C. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29-05 (419) 472-1331
Date Daytime Phone