

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

F03-22-2004 90035 038 ****61.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MOORE CR2E037 (11/03)

DOCUMENT # F02000005724 1. Entity Name INFORMATION RESOURCES CENTER, INC.					
Principal Place of Business 434 MARLBERRY LEAF AVENUE KISSIMMEE FL 34758 1600 E. VINE ST.			Mailing Address 434 MARLBERRY LEAF AVENUE KISSIMMEE FL 34758		
2. Principal Place of Business SUITE-A Suite, Apt. #, etc. KISSIMMEE City & State FLORIDA		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State FLORIDA			
Zip 34744		Country U.S.A		4. FEI Number 11-3451400	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OMOLARA, AUGUSTUS 434 MARLBERRY LEAF AVENUE KISSIMMEE FL 34758			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Mumma Sarra</i></u> 3/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCKERL, JOSEPH <input type="checkbox"/> Delete 14198 VISTA DEL LAGO BLVD. WINTER GARDEN FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAUGHTER, BETTY <input checked="" type="checkbox"/> Delete 4569 WHEATLY STREET ORLANDO FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OMOLARA, AUGUSTUS E <input type="checkbox"/> Delete 434 MARLBERRY LEAF AVENUE KISSIMMEE FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT-CURTIS, LORETTA <input type="checkbox"/> Delete 14198 VISTA DEL LAGO BLVD. WINTER GARDEN FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, GEORGE D <input type="checkbox"/> Delete 2423 CARIBBEAN COURT ORLANDO FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASCHER, DAN <input type="checkbox"/> Delete 141 98 VISTA DEL LAGO BLVD. WINTER GARDEN FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Mumma Sarra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 3/18/04 407-933-1930 </div> <small>Date Daytime Phone #</small>		