


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 001 ***150.00

DOCUMENT # F03000002277			
1. Entity Name I.P.I., INC.			
Principal Place of Business 3190 MALLARD COVE LANE FORT WAYNE, IN 46804		Mailing Address 3190 MALLARD COVE LANE FORT WAYNE, IN 46804	
2. Principal Place of Business 1623 DeSoto Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34234	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WOLLETT, BERNARD 1623 DESOTO ROAD SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name: STEPHEN MILLER Street Address (P.O. Box Number is Not Acceptable): 1623 DeSoto Road City: SARASOTA FL Zip Code: 34234	
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: <i>Stephen Miller</i> STEPHEN MILLER, CFO DATE: 1/27/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$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	P SWANSON, TIMOTHY V 3190 MALLARD COVE LANE FORT WAYNE, IN 46804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MILLER, STEPHEN 3190 MALLARD COVE LANE FORT WAYNE, IN 46804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Stephen Miller</i> STEPHEN MILLER, CFO		Date: 1/27/04	Daytime Phone #: 260.436.3734

24005300



01272004 Chg-P CR2E034 (10/03)

4. FEI Number 35-1967837 Applied For Not Applicable

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