## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # F60627 * IFFIES, INC.					02-23-200	04 90029 (	)17 ***1:	50.00	
Principal Plac	e of Business	Mailing Address	•							
710 N 14TH STREET		710 N 14TH STREET	=							
LEESBURG, FL 34748			LEESBURG, FL 34748							
				١,	1961115 HAT B	ilii Bāris surs usti ibi	Di Bigil Bibli GiSi			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		42004	Chg-P	CR2E00	34 (10/03)		
City & State		City & State	City & State		El Number 9-2154	032			oplied For ot Applicable	
Zip	Country	Zip	Country			Status Desired		8.75 Add	litional	
6. Name and Address of Current Registered Agent 7						ddress of New I				
Name O										
MARTIN, GREGORY M.				martin, Judy						
710 N. 147	Street A	eet Address (P.O. Box Number is Not Acceptable)								
LEESBUR	G, FL 34748									
						<del></del>		1 7:- Cod		
			l clay ha	city Leesburg			FL	Zip Cod	148	
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.										
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
-										
	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$			\$5.00 Ma Added to Fe	es i	* 2 = ** • #			· .	
10.	<del>,</del>	S AND DIRECTORS	11	- ADC	ITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11 -	
TITLE	PD	∑ Delete	TITLE	ŀ				☐ Change	Addition	
NAME STREET ADDRESS	MARTIN, GREGORY M. 710 N. 14TH STREET		NAME STREET ADDRESS						į	
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP							
TITLE	s		TITLE					☐ Change	Addition	
NAME	MARTIN, GREGORY M.	- April neters	NAME							
STREET ADDRESS	8820 #2 ROAD		STREET ADDRESS	]						
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL	. 34747	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	70				Change	<b>★</b> Addition	
NAME			NAME	martin,	2mg/	ن 			.	
STREET ADDRESS			STREET ADDRESS	710 10 1						
CITY-ST-ZIP			CITY-ST-ZIP	icoshu	10 1 F	- 31748				
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	·		CITY-SI-ZIP	! 						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	* 1		NAME STREET ADDRESS							
CITY-ST-ZIP	ا سست بهای د	$\Gamma_{V}$ $\Gamma_{A}$	CITY-ST-ZIP	_						
12. I hereby o	ertify that the information supplie	ed with this filing does not qualify fo		ed in Section 11	19.07(3)(i)	Florida Statutes	I further certi	v that the in	oformation	
indicatéd	on this report or supplemental re	port is true and accurate and that r	me ainmaters aball b							

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 to the corporation or on an attachment with an address, with all other like empowered to the changed.