


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F76332
 1. Entity Name
 INVENTORIES SPECIALISTS INC.



Principal Place of Business Mailing Address
 3615 W WATERS AVE 3615 W WATERS AVE
 TAMPA, FL 33614 TAMPA, FL 33614



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2200225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIN, MARTIN
 16458 TURNBURY OAK DR
 ODESSA, FL 33556

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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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIN, MARTIN 16458 THURNBERRY OAK DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER-GRANDE, SANDRA 10609 WILD MEADOW WAY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIN, JAQUELIN N 16458 TURNBERRY OAK DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANDE, FRANK 10609 WILD MEADOW WAY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/08/04-80054-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Martin Wein 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #