

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000002812

1. Entity Name

ISSUES & ANSWERS NETWORK, INC.



Principal Place of Business

5151 BONNEY ROAD
VIRGINIA BEACH VA 23462

Mailing Address

5151 BONNEY ROAD
VIRGINIA BEACH VA 23462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1341814

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUINNESS, PATRICIA
3401 SE CLUBHOUSE PLACE
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGUINNESS, PETER J	
STREET ADDRESS	2017 BAY ROAD	
CITY - ST - ZIP	VIRGINIA BEACH VA	

TITLE	D	<input type="checkbox"/> Delete
NAME	BALDI JR, JOSEPH F	
STREET ADDRESS	14 ARMOND COURT	
CITY - ST - ZIP	HOLMDALE NJ	

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, LAWRENCE	
STREET ADDRESS	27 WILMOT CIRCLE	
CITY - ST - ZIP	SCARSDALE NY	

TITLE	VS	<input type="checkbox"/> Delete
NAME	LINDEMANN, CARLA	
STREET ADDRESS	1 IPSWICH AVE, 328	
CITY - ST - ZIP	GREAT NECK NY	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000018349
01/28/04-80132-006 150.00

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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: *Peter J. McGuinness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 757-456-1100