



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91022 016 \*\*\*150.00

<b>DOCUMENT # F96000000628</b> 1. Entity Name <b>IIR CALIFORNIA, INC.</b>					
Principal Place of Business <b>1338 HUNDRED OAKS DRIVE SUITE DD CHARLOTTE, NC 28217 US</b>			Mailing Address <b>1549 RINGLING BLVD SUITE 500 SARASOTA, FL 34236 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>101 Arthur Andersen Pky. SUITE 100</b>			
City & State 		City & State <b>Sarasota, FL</b>		4. FEI Number <b>68-0367707</b>	
Zip 		Zip <b>34232</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WALTON, ANDREW</b> <b>1549 RINGLING BLVD, SUITE 500</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Mario Berald</b> <b>1338 Hundred Oaks Dr., Suite DD</b> <b>Charlotte, NC 28217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HARRISON, BENJAMIN J</b> <b>1549 RINGLING BLVD STE 500</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>101 Arthur Andersen Parkway, Suite 100</b> <b>Sarasota, FL 34232</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAIDLAW, IRVINE</b> <b>1549 RINGLING BLVD., 5TH FLOOR</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>101 Arthur Andersen Parkway, Suite 100</b> <b>Sarasota, FL 34232</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KERSWELL, MARK</b> <b>NIEUWEZIJDS VOORBURGWAL 308A</b> <b>AMSTERDAM, NETHERLANDS, 1012rv</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Strawinskylaan 335</b> <b>1077XX Amsterdam, The Netherlands</b>	<input checked="" 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.					
<b>SIGNATURE:</b> <u>Benjamin Harrison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/20/04</u> <small>Date</small>		<u>(941) 365-4471</u> <small>Daytime Phone #</small>	