

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90004 029 \*\*\*150.00

**DOCUMENT # F98000005211**

1. Entity Name

IO ASSOCIATES, INCORPORATED



Principal Place of Business

1375 PINELLAS BAYWAY #34  
TIERRA VERDE, FL 33715

Mailing Address

1375 PINELLAS BAYWAY #34  
TIERRA VERDE, FL 33715

00054102



**DO NOT WRITE IN THIS SPACE**

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number

03-0353887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINO, CYNTHIA  
1375 PINELLAS BAYWAY #34  
TIERRA VERDE, FL 33715

**DO NOT WRITE  
IN THIS SPACE**

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

*Cynthia J. Pino*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/24/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	PINO, CYNTHIA
STREET ADDRESS	1375 PINELLAS BAYWAY #34
CITY - ST - ZIP	TIERRA VERDE, FL 33715
TITLE	S
NAME	STEVENS, MARSHA J
STREET ADDRESS	1375 PINELLAS BAYWAY #34
CITY - ST - ZIP	TIERRA VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Cynthia J. Pino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-05 727865-2329

ATTACHMENT

#F98000005211

50054102

I'm not sure I need  
to file this or pay the  
fee My company went  
out of business in  
2004. Can someone  
call me and tell me  
what I need to do  
to terminate the  
business with Florida?

727-215-3410

Cynthia J. Lind