


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90214 033 \*\*\*150.00

<b>DOCUMENT # G18277</b>	
1. Entity Name INVESTMENT PROPERTY SERVICES, INC.	

Principal Place of Business 1601A S. MCCALL RD. ENGLEWOOD, FL 34223	Mailing Address BOX 5753 SARASOTA, FL 34277
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**50019568**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2264176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  DAVID PACK <del>557 VENICE LN</del> <b>557 VENICE LANE</b> <del>VENICE, FL 34242</del> <b>SARASOTA, FL 34242</b>
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**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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACK, DAVID E. <del>557 VENICE LN</del> <b>557 VENICE LANE</b> <del>VENICE, FL 34242</del> <b>SARASOTA, FL 34242</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>PACK, MARCIA G.</del> <del>2200 BRIDGE ST.</del> <del>ENGLEWOOD, FL</del>
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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: <u>DAVID PACK</u>	2-21-05	941-468-9402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date	Daytime Phone #	