## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 08:00 AM Secretary of State

	- ANNUAL R	EPURI	<del></del>	, ·	Seci	retary o	f State
DOCUMENT # H14821					Seci	ctary	1 State
1. Entity Nam	IDE SPECIALTIES, INC.			]			
SUMMIS	IDE SPECIALITES, INC.						
Principal Plac		Mailing Address					
% JOHN T. G		% JOHN T. GRIFFIS	,				
106 KNOLLO LONGWOOD,		106 knollcrest Dr Longwood, Fl 32779 US					
LONGINOOD,			<u> </u>				
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. 3894	and the property of the second second			01062004	No Chg-P	CR2E034 (10,	(03)
L	O NOT WRITE I	n ihis spa	GE	4. FEI Number			Applied For
				59-2433	143		Not Applicable
				5. Certificate o	Status Desired	\$8.75 Fee Re	Additional
	6. Name and Address of Current Reg	stered Agent				reane	danaa
GRIFFIS,				no	W TON	RITE	•
106 KNOLLCREST DRIVE LONGWOOD, FL 32779					the grade and the	· · · · .	
FOMBANO	05,12 32179			INT	HIS SP	ACE	
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	named entity submits this statement for the tions of registered agent.	purpose or changing its register	red office of register	ed agent, or both	, in the State of Fio	noa. Lam iamiliar	wan, and accept
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SIGNATURE.	Signature, typed or printed name of registered agent and bit	e d'applicable. (NOTE, Register	ed Agent signature required	when reinstating)		DATE	<del></del>
ļ							<u> </u>
Fil.	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees			
		OTORS			·····		······
10. NG	OFFICERS AND DIR	UIUMS	and the second	e k weedynamer			
NAM/	GRIFFIS, JOHN T.						**
STREET ADDRESS	106 KNOLLCREST DR						
CITY-SI-ZIP	LONGWOOD, FL				ر نقا بماده دید و آناده در ا	uuli Balahaaa	
MLE	S					10 164 1	rengapy (e.e.) dan. Manazarra
NAME	GRIFFIS, CLAIRE S.	· –			YIZZUZUAH	30033-008	155.6
STREET ADORESS	106 KNOLLCREST DR						
C/1Y-SY-ZIP	LONGWOOD, FL	<u> </u>	Elegan Silb	kar hiji jahar 113	a	·	
ILILE NAME				· · ·		•	
STREET ADDRESS		<del></del>	and the fact	rich and back	ونون سيديشرون	grice, grieger geno	.*
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NAME				#1 %		Peter in	
STREET ADDRESS					• • • • • • • • • • • • • • • • • • • •		
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NAME STREET ADDRESS				11.			
CHY-SI-ZIP			٠,				
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NAME			<b>1</b>		· A Coffee		, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS							

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

UIIY-SI-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR Date Date Described Proces