

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90059 007 \*\*\*150.00

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02142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # H52009</b> 1. Entity Name I. H., INC.			
Principal Place of Business 1177 BAYSHORE DRIVE APT. 103 FT. PIERCE, FL 34949		Mailing Address 1177 BAYSHORE DRIVE APT. 103 FT. PIERCE, FL 34949	
2. Principal Place of Business 3409 Industrial 25th St Suite, Apt. #, etc.		3. Mailing Address 3409 Industrial 25th St Suite, Apt. #, etc.	
City & State Fort Pierce FL Zip 34946 Country USA		City & State Fort Pierce FL Zip 34946 Country USA	
4. FEI Number 59-2524923		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GARRIS, CHARLES E 817 BEACH LAND BLVD GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name <u>Charles E. Garris</u> Street Address (P.O. Box Number is Not Acceptable) <u>819 Beachland Blvd</u> City <u>Vero Beach</u> <b>FL</b> Zip Code <u>32963</u>	
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)</small>			
<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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NIXON, JOHN F., III 7406 SEBASTIAN RD. FT. PIERCE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NIXON, JAMES P. 3409 INDUSTRIAL 25 ST. FT. PIERCE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NIXON, CAROL S. 12339 S INDIAN RIVER DR JENSEN BEACH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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>James P. Nixon V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-16-05</u> Daytime Phone # <u>772 559-0076</u>	