

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90014 044 \*\*\*150.00

66408738



MOORE CR2E034 (11/03)

|   |                                    |                     |  |   |  |
|---|------------------------------------|---------------------|--|---|--|
| <b>DOCUMENT # K27056</b><br>1. Entity Name<br><b>INDEPENDENT CASTINGS, INC.</b>   |                                    |                     |  |   |  |
| Principal Place of Business<br><b>8313 W HILLSBOROUGH AVE / BLDG 200<br/>STE - 250<br/>TAMPA FL 33615<br/>US</b>  |                                    |                     | Mailing Address<br><b>8313 W HILLSBOROUGH AVE / BLDG 200<br/>STE 250<br/>TAMPA FL 33615<br/>US</b>                     |   |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc. |  |   |  |
| City & State  |                                    | City & State        |  |   |  |
| Zip   | Country                            | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |                                    |                     | 7. Name and Address of New Registered Agent  |   |  |
| <b>LAUGHLIN, KATHRYN</b><br><b>7906 MEADOWCROFT PL</b><br><b>TAMPA FL 33615</b>   |                                    |                     | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| 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.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <i>Kathryn Laughlin</i><br/> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 40%; text-align: right;"> <i>Pres</i><br/> <small>DATE</small> </div> </div>    |                                    |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                    |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE   | DP <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | LAUGHLIN, KATHRYN M.               |                     | NAME   |   |  |
| STREET ADDRESS  | 7906 MEADOWCROFT PLACE             |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA FL                           |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete    |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |                                    |                     | NAME   |   |  |
| STREET ADDRESS  |                                    |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                    |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete    |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |                                    |                     | NAME   |   |  |
| STREET ADDRESS  |                                    |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                    |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete    |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |                                    |                     | NAME   |   |  |
| STREET ADDRESS  |                                    |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                    |                     | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete    |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |                                    |                     | NAME   |   |  |
| STREET ADDRESS  |                                    |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                    |                     | CITY-ST-ZIP  |   |  |
| 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: <i>Kathryn Laughlin</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                    |                     | <i>3/28/04</i> <b>8138848335</b><br><small>Date Daytime Phone #</small>  |   |  |