## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # M80923

MANKATO, MN 56001

CITY - ST- 7IP



FILED Feb 04, 2004 8:00 am

Secretary of State

02-04-2004 90070 020 \*\*\*158.75

THE IRVING CORPORATION Principal Place of Business Mailing Address 24007681 10585 ATLANTIC BLVD 10585 ATLANTIC BLVD JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable 59-2887585 Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALEANI, JOHN Street Address (P.O. Box Number is Not Acceptable) 10585 ATLANTIC BLVD JACKSONVILLE, FL 32225 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change DC: TITI F TITLE ☐ Delete DEMOND, JEFFREY BRESNAN, WILLIAM NAME NAME ONE MANHATTANVILLE RD. ONE MANHATTANVILLE RD. STREET ADDRESS STREET ADDRESS PURCHASE, NY 10577 PURCHASE, NY 10577 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE BRESNAN, PATRICK GALEANI, JOHN NAME NAME ONE MANHATTANVILLE RD STREET ADDRESS STREET ADDRESS 10585 ATLANTIC BLVD PURCHASE, NY 10577 CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MIGIANO, GREGG NAME NAME STREET ADDRESS 10585 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE BRESNAN, ROBERT NAME STREET ADDRESS ONE MANHATTANVILLE RD. STREET ADDRESS PURCHASE, NY 10577 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE 1ffLE GISLASON, PAUL MAME 1505 SQUIRRELS NEST RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANKATO, MN 56050 CITY-ST-7IP \_\_\_ Addition Change ☐ Delete TITLE TITLE MEREDITH, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 40 HANTEN DR

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.

CITY-ST-ZIP

Grega Migiano VP/CFO 1/27/04 904-645-0345 SIGNATURE: