
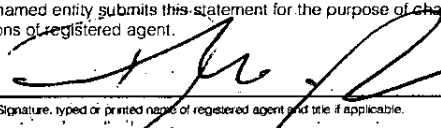
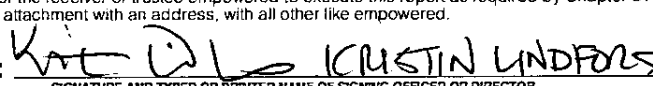


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90017 033 ****61.25

DOCUMENT # N03000001185 1. Entity Name INVICTUS T.C., INC.					
Principal Place of Business 210 E COPELAND DR ORLANDO, FL 32832			Mailing Address 210 E COPELAND DR ORLANDO, FL 32832		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 460519425	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MERTZ, JOE 210 E COPELAND DR ORLANDO, FL 32832				7. Name and Address of New Registered Agent Name ROB ANDERSON Street Address (P.O. Box Number is Not Acceptable) 210 EAST COPELAND DRIVE City ORLANDO	
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.				FL Zip Code 32832	
SIGNATURE 				DATE 3/29/04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTZ, JOE		NAME		
STREET ADDRESS	3956 TOWN CENTER BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDFORS, KRISTIN		NAME		
STREET ADDRESS	3703 LAKE ORLANDO PKWY #11		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLL, CID		NAME		
STREET ADDRESS	4617 CASON COVE DR #927		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHYCHOTA, PAUL		NAME		
STREET ADDRESS	252 DANIELS POINTE DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDENS, FL 34787		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASE, DENISE		NAME		
STREET ADDRESS	25302 NELL DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32832		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TARA		NAME		
STREET ADDRESS	210 E COPELAND DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32832		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 617, 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: 			DATE: 3/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 407 383 9802		

Attachment 24037668
#N03000001185

Invictus T.C., Inc. – Additional Officers and Directors

A (Artistic Director)
Rob Anderson
210 East Copeland Drive
Orlando, FL 32832

D
Aileen Mand Schakad
7601 Majestic Pine Court
Orlando, FL 32819

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