2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000005139

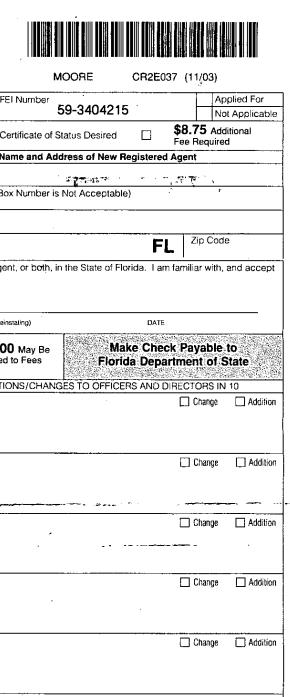
1. Entity Name



FILED May 26, 2004 8:00 am Secretary of State

05-26-2004 90005 034 ****61.25

INSTITUTE FOR ETHICS AND MEAN CORPORATION			
Principal Place of Business	Mailing Address	:	
2109 BAYSHORE BOULEVARD #804 TAMPA FL 33606 US	2109 BAYSHORE BOULEVARI #804 TAMPA FL 33606 US)	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		



City & State			City & State		4. FEI Number	4. FEI Number 59-3404215				
Zip Country Zip			Country	Interopp			ditional			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
ROBERTS, JANET 2109 BAYSHORE BOULEVARD #804 TAMPA FL 33606			Name		ANTERIOR OF THE STATE	इंग्लूं ,				
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
				City	<u></u>	FL	Zip Coo	le		
	named entity submittions of registered ag		the purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept		
SIGNATURE	Signature, typed or printed	name of registered agent a	nd title if applicable. (NOTE	:: Registered Agent signature re	quired when reinstaling)	DATE				
	FILE NOW: FEE ' Due By May		9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departi				
10.	(OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	CTORS IN	V 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, JANET 2109 BAYSHORE TAMPA FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAILE, JOHN 1206 EAST ELLC TAMPA FL 33603		☐ Delete	TITLE NAME STREET ADDRESS — CITY- ST-ZIP		ر ۲۰۰۰ میلیستون به محسی	Change	☐ Addition		
title Name Street address City-St-Zip	SD SKYPEK, GENIE 2109 BAYSHORE TAMPA FL	BLVD #1005	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR