11. A.

FILED Feb 11, 2004 8:00 am

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000044064 02-11-2004 90040 003 ***150.00 INTANGIBLE RESOURCE MANAGEMENT, INC. Principal Place of Business Mailing Address 13584 FEATHER SOUND CIRCLE WEST 13584 FEATHER SOUND CIRCLE WEST **APARTMENT 2007** APARTMENT 2007 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business 1501 56 T# A/E Suite, Apl. #, etc. 1501 56 TH Suite, Apt. #, etc. CR2E034 (10/03) 01252004 St. Petersburg City & State St. Peters Applied For City & State 4. FEI Number 59-3648112 - Not Applicable Ζiρ' Country \$8.75 Additional 5. Certificate of Status Desired 33703 US 33703 Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent Kenneth M SEITZ, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 13584 FEATHER SOUND CIRCLE WEST **APARTMENT 2007** CLEARWATER, FL 33762 Zip Code 33703 St. Petersburg 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or worth, in the State of Florida. (am familiar with, and accept the obligations of registered agent-\$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TILLE ☐ Detete TITLE Change . Addition Seitz Kenneth M. 1501 56 TH Ave N SEITZ, KENNETH M 13584 FEATHER SOUND CIRCLE WEST, APT. 2007 STREET ADDRESS STREET ADORESS St. Petersburg, FL 33703 CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP PRES TITLE Delate TITLE President 2 Change Addition Seitz, Jennifer Watson 1501 SETH AVEN NAME WATSON, JENNIFER M NAME 13584 FEATHER SOUND CIRCLE WEST, APT, 2007 · STREET ADDRESS STREET ADDRESS CITY-ST-7P CLEARWATER, FL 33762 City-St-ZiP St. Petersburg. FL TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete ТЛІЕ MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-St-7IP CITY-ST-ZIP Delete IIILE ☐ Change ■ Addition TITLE 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: