

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 PM 3:44

DOCUMENT # P00000046404

1. Entity Name
INTERNATIONAL FLY MASTERS, INC.



Principal Place of Business
18706 MACH ONE DRIVE
FT. PIERCE, FL 34987-3235

Mailing Address
P.O. BOX 12837
FT. PIERCE, FL 34979

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1005447

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDOLFO, PHILLIP T ESQ.
777 S. FLAGLER DRIVE #300E
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name RICHARD D. ROBINSON

Street Address (P.O. Box Number is Not Acceptable)
18706 MACH ONE DRIVE

City Fort Pierce

FL

Zip Code 34987

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/30/04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ROBINSON, RICHARD D
STREET ADDRESS 18706 MACH ONE DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34987

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900043365189
12/13/04--01058--004 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/04
Date

Daytime Phone #

112

12/30

212

November 30, 2004

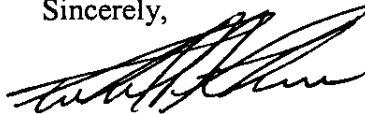
Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: International Fly Masters, Inc.
65-1005447

Dear Sir or Madam:

Enclosed is the 2004 Annual Report for the corporation. We are requesting waiver of the \$400 late fee due to not receiving notice of the annual report being due by May 1. We have changed the registered agent for the corporation to reflect the President of the corporation as being the registered agent. Possibly this is why the notice was not received in a timely manner. Thank you for your consideration in this matter.

Sincerely,



Richard D. Robinson
President