

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000050653

1. Entity Name
I GROUP ELECTRONICS, INC.



Principal Place of Business
6240 39TH ST N.
SUITE F
PINELLAS PARK, FL 33781

Mailing Address
6240 39TH ST N.
SUITE F
PINELLAS PARK, FL 33781

FILED
Apr 30, 2004 08:00 AM
Secretary of State



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3647606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARSON, H. WILLIAM
11199 69TH ST. NORTH
LARGO, FL 33773

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CLIFF, RICHARD A
STREET ADDRESS 10251 MYRTLE OAK LN
CITY - ST - ZIP LARGO, FL 33777

TITLE V
NAME COLPOYS, SEAN R
STREET ADDRESS 1832 FOX CIRCLE
CITY - ST - ZIP CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

04/30/04-80046-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (22) 522-3464
Date Daytime Phone #