

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90191 048 ***158.75

DOCUMENT # P00000053920

1. Entity Name
**INTERNATIONAL ACADEMY OF DESIGN - ORLANDO,
INC.**



Principal Place of Business
**5959 LAKE ELLENOR DR
ORLANDO, FL 32809**

Mailing Address
**2895 GREENPOINT PKWY
HOFFMAN ESTATES, IL 60195**

24068053



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3654138	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, JOHN M 2895 GREENSPPOINT PKWY, STE 600 HOFFMAN ESTATES, IL 60195
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PESCH, PATRICK K. 2895 GREENSPPOINT PKWY, STE 600 HOFFMAN ESTATES, IL 60195
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NACHTSHEIN, ROBERT 2895 GREENSPPOINT PKWY, STE 600 HOFFMAN ESTATES, IL 60195
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRAHAM, JOHN 2895 GREENSPPOINT PKWY, STE.600 HOFFMAN ESTATES, IL 60195
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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

John P. Graham Asst. Secretary

4/28/04
Date

847-781-3600
Daytime Phone #