

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 025 ***150.00

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1. Entity Name
INV MED RESEARCH CORPORATION



Principal Place of Business
2381 FRUITVILLE ROAD
SARASOTA, FL 34237

Mailing Address
2381 FRUITVILLE ROAD
SARASOTA, FL 34237

94006726



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1010991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDER, MICHAEL R JR.
2381 FRUITVILLE ROAD
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 PSTD ☐ Delete
NAME PENDER, MICHAEL R JR.
STREET ADDRESS 2381 FRUITVILLE ROAD
CITY-ST-ZIP SARASOTA, FL 34237

TITLE D ☐ Delete
NAME STEWART, HOWARD DR
STREET ADDRESS 24 MYRTLE STREET
CITY-ST-ZIP MANCHESTER, ME 04351

TITLE D ☐ Delete
NAME ACEBAL, JOE DR
STREET ADDRESS PO BOX 784
CITY-ST-ZIP ANNA MARIA ISLAND, FL 34216

TITLE D ☐ Delete
NAME CROSS, JASON DR
STREET ADDRESS 2831 RINGLING BLVD SUITE A101
CITY-ST-ZIP SARASOTA, FL 34237

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 all other like empowered.

SIGNATURE:

Michael R Pender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26 2004

Date

Daytime Phone #