

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000058209

1. Entity Name
INTEGRITY MANUFACTURING, INC.



FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90056 033 ***150.00

Principal Place of Business
**9161 131ST PLACE N. UNIT D
LARGO, FL 33773-1442**

Mailing Address
**9161 131ST PLACE N. UNIT D
LARGO, FL 33773-1442**

2. Principal Place of Business
**11950 67th Way N
Suite, Apt. #, etc.
Unit C
City & State
Largo, FL
Zip
33773**

3. Mailing Address
**11950 67th Way N
Suite, Apt. #, etc.
Unit C
City & State
Largo, FL
Zip
33773**



04022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3629696

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CARTER, ROGER
8449 82ND ST N
SEMINOLE, FL 33777**

7. Name and Address of New Registered Agent
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 *Roger Carter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-3-04**

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 | CARTER, DEBBIE 8449 82ND ST N SEMINOLE, FL 33777 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARTER, ROGER 8449 82ND ST N SEMINOLE, FL 33777 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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

Date

Daytime Phone #