

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065729

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: INTEGRATED PROJECT DELIVERY, INC.

## Current Principal Place of Business:

1411 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

1411 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 59-3660820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERLIN, CYNTHIA C  
1411 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete  
Name: MATTHEWS, OWEN STROUD  
Address: 2034 COVE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LAWSON, WILLIAM  
Address: 1803 ROSEWOOD DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: ELSEA, JOHN WESLTY  
Address: 7209 BRANCH TREE DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: P ( ) Delete  
Name: HELMAN, ALAN C  
Address: 222 W. MAITLAND BOULEVARD  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: TERRITO, JOE  
Address: 441 ENTERPRISE STREET  
City-St-Zip: OCOEE, FL 34761

Title: VP ( ) Delete  
Name: HOLMES, BRUCE  
Address: 800 TRAFALGAR CT SUITE 200  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: ELSEA, JOHN WESLTY  
Address: 7209 BRANCH TREE DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition  
Name: HELMAN, ALAN C  
Address: 222 W. MAITLAND BOULEVARD  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: HOLMES, BRUCE  
Address: 800 TRAFALGAR CT SUITE 200  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA C PETERLIN

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04/21/2004

Electronic Signature of Signing Officer or Director

Date