

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000007577

1. Entity Name  
IRICK LAND CORP.



Principal Place of Business

2655 MCCORMICK DR., #200  
CLEARWATER, FL 33759

Mailing Address

2655 MCCORMICK DR., #200  
CLEARWATER, FL 33759

FILED

04 MAR 15 AM 11:27

SEC. OF STATE  
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3703526

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TEW, JOEL R ESQ  
2655 MCCORMICK DR., #200  
CLEARWATER, FL 33759

**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          | D                    |
| NAME           | IRICK, ANDREW G II   |
| STREET ADDRESS | 3072 HAMPTON CT.     |
| CITY-ST-ZIP    | CLEARWATER, FL 33761 |
| TITLE          | SD                   |
| NAME           | TEW, JOEL            |
| STREET ADDRESS | 2655 MCORMICK DR.    |
| CITY-ST-ZIP    | CLEARWATER, FL 33759 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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03/16/04--01089--007 \*\*425.00

**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

-Date

Daytime Phone #

02 19 04 727 439 4447