

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90047 015 \*\*\*150.00

**DOCUMENT # P01000018275**

1. Entity Name  
**I-ON FLORIDA, INC.**



Principal Place of Business  
**3295 NORTHWEST 53RD CIRCLE  
BOCA RATON, FL 33496**

Mailing Address  
**3295 NORTHWEST 53RD CIRCLE  
BOCA RATON, FL 33496**

**24039085**



2. Principal Place of Business  
**923 NE 24 ST**

3. Mailing Address  
**923 NE 24 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072004

Chg-P

CR2E034 (10/03)

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number  
**65-1077582**

Applied For  
Not Applicable

Zip  
**33431**

Country

Zip  
**33431**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **TALERICO, JUSTIN F**  
STREET ADDRESS **3295 NORTHWEST 53RD CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☒ Change ☐ Addition  
NAME **923 NE 24 ST**  
STREET ADDRESS **BOCA RATON FL 33431**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **TALERICO, ANNA E**  
STREET ADDRESS **3295 NORTHWEST 53RD CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☒ Change ☐ Addition  
NAME **923 NE 24 ST**  
STREET ADDRESS **BOCA RATON FL 33431**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:**

*Anna Talerico*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/4/04 561-394-9484**