

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90393 022 ***158.75

DOCUMENT # P01000075482

1. Entity Name
INTERNATIONAL PANEL, INC.



Principal Place of Business
614 WEST PIPKIN RD.
LAKELAND, FL 33813

Mailing Address
PO BOX 6659
LAKELAND, FL 33807



2. Principal Place of Business
6828 Farris Drive
Suite, Apt. #, etc.

3. Mailing Address
6828 Farris Drive
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
Lakeland, FL
Zip 33811 Country U.S.A.

City & State
Lakeland, FL
Zip 33811 Country U.S.A.

4. FEI Number
59-3737210
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVE., STE. 3
LAKELAND, FL 33803

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 _____ (NOTE: Registered Agent signature required when re-registering) 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 VTSD ☐ Delete
NAME GAGLIANO, BENNY N
STREET ADDRESS 6828 FARRIS DR.
CITY-ST-ZIP LAKELAND, FL 33811

TITLE PD ☒ Delete
NAME STROSS, ANDREW C
STREET ADDRESS 614 WEST PIPKIN RD.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VTD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE PSD ☐ Change ☒ Addition
NAME Cathi D. Gagliano
STREET ADDRESS 4920 Melissa Lane
CITY-ST-ZIP Lakeland, FL 33813

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

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

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: Benny N. Gagliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____