

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090332

FILED  
Apr 18, 2004  
Secretary of State

Entity Name: INTERNET MANAGEMENT COMPANY

## Current Principal Place of Business:

416 PORTO ALEGRE ST.  
PUNTA GORDA, FL 33983

## New Principal Place of Business:

6320 CONISTON  
NORTH PORT, FL 34287

## Current Mailing Address:

P. O. BOX 7197  
NORTH PORT, FL 34287

## New Mailing Address:

6320 CONISTON  
NORTH PORT, FL 34287

FEI Number: 65-1135839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, KEVIN M  
5268 N. CRANBERRY BLVD.  
NORTH PORT, FL 34286

## Name and Address of New Registered Agent:

JONES, KEVIN M  
6320 CONISTON  
NORTH PORT, FL 34287

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:

04/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JONES, KEVIN M  
Address: 5268 N. CRANBERRY BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: JONES, CAROL L  
Address: 5268 N. CRANBERRY BLVD.  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JONES, KEVIN M  
Address: 6320 CONISTON  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: JONES, CAROL L  
Address: 6320 CONISTON  
City-St-Zip: NORTH PORT, FL 34287

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: KEVIN M. JONES

D

04/18/2004

Electronic Signature of Signing Officer or Director

Date