

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90028 030 \*\*\*150.00

**DOCUMENT # P01000115568**

1. Entity Name

ANYTHING IN IRON, INC.



Principal Place of Business

7260 GARDNER ST.  
WINTER PARK FL 32792

Mailing Address

7260 GARDNER ST.  
WINTER PARK FL 32792

54033271



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3761302

Applied For

Not Applicable

Zip

Country

Zip

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

JONES, ELMER L  
1173-B PASEO DEL MAR  
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

863 WOODSIDE ROAD

City MAITLAND

FL

Zip Code 32751

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**

**Make Check Payable to Florida Department of State**

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 P  
NAME JONES, BETTYE S  
STREET ADDRESS 1173-B PASEO DEL MAR  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS 863 WOODSIDE ROAD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE  
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CITY-ST-ZIP

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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 *Bettye S. Jones* BETTYE S. JONES P  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04  
Date

407 671-3936  
Daytime Phone #