

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048661

1. Entity Name  
I.P.G. SERVICES, INC.



Principal Place of Business  
610 SOUTHWEST SANTA BARBARA PLACE  
CAPE CORAL, FL 33991

Mailing Address  
610 SOUTHWEST SANTA BARBARA PLACE  
CAPE CORAL, FL 33991

FILED

2004 MAY 20 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03082003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0597706

Applied For  
Not Applicable

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

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

KRINNINGER, PAULINE  
27652 OLD 41 RD  
BONITA SPRINGS, FL 34135

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KRINNINGER, PAULINE E  
27657 OLD 41 RD  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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700036967087  
05/20/04--01061--017 \*\*558.75

**DO NOT WRITE  
IN THIS SPACE**

12M 5/20

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:

*Pauline E. Krinninger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/04  
Date

239-458-1657  
Daytime Phone #