

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90002 041 ***150.00

DOCUMENT # P02000077524	
1. Entity Name INTERNATIONAL PROFESSIONAL CAREER EXPLORATION, INC.	

Principal Place of Business 249 E. OAKHURST ST. ALTAMONTE SPRINGS, FL 32701	Mailing Address 249 E. OAKHURST ST. ALTAMONTE SPRINGS, FL 32701
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54069760



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367329	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUDEL, ANNE T 249 E. OAKHURST ST. ALTAMONTE SPRINGS, FL 32701

**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.

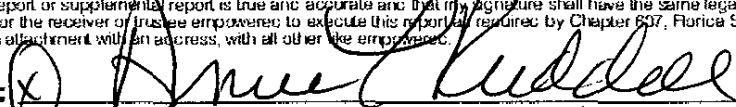
SIGNATURE _____
Signature, typed or printed name of registered agent for the face above. (NOTE: Registered Agent's signature will not be valid if signed by a person other than the registered agent.)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RUDEL, ANNE T 249 E. OAKHURST ST. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Did not receive annual report and/or postcard to request annual report
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 employees.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR