

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104705

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: IRWIN ADVISORY SERVICE, INC.

## Current Principal Place of Business:

135 GLENVIEW DR  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

1910 MONTICELLO DRIVE  
TALLAHASSEE, FL 32303

## Current Mailing Address:

135 GLENVIEW DR  
TALLAHASSEE, FL 32303

## New Mailing Address:

1910 MONTICELLO DRIVE  
TALLAHASSEE, FL 32303

FEI Number: 16-1630255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IRWIN, HARRIET C  
135 GLENVIEW DR  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

IRWIN, HARRIET C  
1910 MONTICELLO DRIVE  
TALLAHASSEE, FL 32303 US

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:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: IRWIN, HARRIET C  
Address: 135 GLENVIEW DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VSD ( ) Delete  
Name: IRWIN, JAMES C  
Address: 135 GLENVIEW DR  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: IRWIN, HARRIET C  
Address: 1910 MONTICELLO DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VSD (X) Change ( ) Addition  
Name: IRWIN, JAMES C  
Address: 1910 MONTICELLO DR  
City-St-Zip: TALLAHASSEE, FL 32303

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: HARRIET C IRWIN

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date