2004 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

FILED Aug 19, 2004 8:00 am Secretary of State

ANNUAL NEPUNI (AB)						Secretary of State			
DOCUMENT # P02000115257 1. Entity Name					08-02-2004 90013 047 ***150.00				
IKINETICS, INC.				No.	'}				
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Principal Place of Business Mailing Address					7				
3930 VILLAS GREEN CIR 3930 VILLAS GREEN CIR					66432220				
LONGWOOD FL 32779 LONGWOOD FL 32779									
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2. Principal Place of Business 3. Mailing Address					-				
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Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E034 (4/04)				
City & State	e	City & State			4. FEI Numb	er .	I An	plied For	
0.0 0 oddic					54-2080366		t Applicable		
Zip	Country	Žip	Coun	try	- 5Certificate	of Status Desired	\$8:75-Add		
		Paristand Asset			<u> </u>		Fee Required		
6. Name and Address of Current Registered Agent				Name	/. Name and	Address of New Registered	Agent	. حد – دندند	
SHERRILL, RALPH O JR									
3930 VILLAS GREEN CIR LONGWOOD FL 32779				Street Address	(P.O. Box Number is Not Acceptable)				
	!		;	City			Zip Code		
						F.			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or bo	ith, in the State of Horida. Tar	n familiar with,	and accept	
-	0	TO Posses	سعدد:			Ø1.e			
SIGNATURE.	Raliph o. Sharri. Signature, typed or protect name of registered agont	F) V C I K C 5 (D) Erici tide if applicable. : (NOTI	E: Registere	d Agent signature requin	ed when reinstaling)	8)16 DATE	104		
STREET, CONTRACTOR OF	ILE NOWIII FEE IS \$550,00 W	20000247W		ws for the waiver	at the \$400.00	20.2			
ほかい アンディアイン かっしつ	DUE BY September 8, 2004			box, the corpora		Election Campaign Finar Trust Fund Contribution.			
Make Check	k Payable to Florida Department o	State did not receive p	orior noti	ce. Fee to file is 1	150.00.	must runa communicit.	() Adde	ru to rees	
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFICERS A			
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CITY-ST-ZIP	LONGWOOD FL 32779		CITY	-ST-ZIP			•	:	
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NAME	COTTMAN, BRUCE		NAM						
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12. Lherehy	certify that the information supplied with	this filing does not qualify for	r the eve	motion stated in 9	Section 119 07/3	Vi) Florida Statitles I further o	ertify that the in	nformation ·	

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 certify that I am an officer or director of the corporation or the receiver or trustate 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: DOLOTHOR. Sharrie DOROTHOR R. Sharriet, ROMINISTRATOR \$/16/04 407-862-5286