## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				- Feb 24 2004 08:00	Feb 24, 2004 08:00 AM	
DOCUMENT # P02000123011 1. Entity Name				Secretary of State		
IST PRO	DUCTS, INC.					
Principal Plac	e of Business	Mailing Address		-		
1546 BERING COURT		1546 BERING COURT				
PALM HARE	BOR FL 34683	PALM HARBOR FL 346	83			
2. Principal F	Place of Business	3. Making Address	<u> </u>			
Suite, Apt. #, etc.		Surle, Apt #, etc.				
				MOORE CR2E034 (11/03)		
City & State		City & State		1 0//10/2070	Applied For Not Applicable	
Ζφ	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
LEUCI, SHON R			Name	***		
154	6 BERING COURT		Street Addres	s (P.O. Box Number is Not Acceptable)		
PAL	M HARBOR FL 34683					
			City	FL Zip Co	ode	
	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar wit	h, and accept	
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SIGNATURE	Signature, typed or printed name of registered agont	and fille if applicable (NOTE	Registered Agent signature requi	ored when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	d State			.00 May Be ed to Fees	
10.	OFFICERS AND	<u> </u>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11	
TITLE	PD	☐ Defete	गार्छ	☐ Change		
NAME STREET ADDRESS	LEUCI, SHON R 1546 BERING COURT	,	NAME STREET ADDRESS	U0000064154 02/24/04-80001-008 150	กก	
CITY-ST-ZIP	PALM HARBOR FL 34683	. <del>.</del> .	GITY - SI - ZIP	0E/24/04-00001-000 130	- 60	
TOLE	VD	Detete	TITLE	☐ Change	Addition.	
NAME STREET ADDRESS	LEUCI, THOMAS M 1546 BERING COURT		NAME Street Aodress			
CITY -ST-ZIP	PALM HARBOR FL 34683		CITY-SI-ZIP		,	
ITTLE		☐ Delete	TITLE	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY - ST - ZIP	- Luna	• • •	
BILE		☐ Delete	TITLE	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET AUDRESS			
City-St-Zip	•	£4.	CITY-ST-ZIP			
THE		☐ Delete	THEE	☐ Change	Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City St-Zip			
TITLE		☐ Delete	TITLE	☐ Change	Addition	
NIK			NAME			
STREET ADDRESS			STREET ADDRESS			
CiTY-ST-ZiP	world , short the information as a plind will	this filing does not qualify for	the examption stated in:	Section 118 07/200 Engine Statutes ( Further continued that	information	

**FILED** 

12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day Type Thougant Type OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR