

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 032 ***158.75

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08232005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000130969 1. Entity Name IFDEC, INC.					
Principal Place of Business 6003 KINGSLEY LAKE DR STARKE, FL 32091			Mailing Address 7643 LAS PALMAS WAY JACKSONVILLE, FL 32256		
2. Principal Place of Business <u>235 9th AVE N</u>		3. Mailing Address <u>3447 Heron DR. N.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Jacksonville Beach, FL</u>		City & State <u>Jacksonville Beach, FL</u>		4. FEI Number <u>14-1865377</u>	
Zip <u>32250</u>		Country <u>Duval</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIGGS, STEVEN 7643 LAS PALMAS WAY JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name <u>Steven Griggs</u> Street Address (P.O. Box Number is Not Acceptable) <u>3447 Heron Dr. N.</u> City <u>Jacksonville Beach</u> <u>FL</u> Zip Code <u>32250</u>		
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 <u>Steven Griggs</u> DATE <u>8-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>Secy/Tres. S/T</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEVEN		NAME	<u>Steven Griggs</u>	
STREET ADDRESS	7643 LAS PALMAS WAY		STREET ADDRESS	<u>3447 Heron DR. N</u>	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	<u>Jacksonville Beach, FL 32250</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<u>President-P</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<u>Jason C. Griggs</u>	
STREET ADDRESS			STREET ADDRESS	<u>234 Cranes Lake Dr.</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Ponte Vedra, FL 32082</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Steven Griggs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8-23-05</u> Daytime Phone # <u>904-553-2352</u>		