

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 001 ***150.00

DOCUMENT # P03000031031
 1. Entity Name
 INSTA MARKING IDENTIFICATION, INC.



Principal Place of Business: 6528 CENTRAL AVE STE B ST PETERSBURG, FL 33707
 Mailing Address: 6528 CENTRAL AVE STE B ST PETERSBURG, FL 33707

54056850



2. Principal Place of Business: 8175 66th St N
 Suite, Apt. #, etc.
 3. Mailing Address: 8175 66th St N
 Suite, Apt. #, etc.

05272004 Chg-P CR2E034 (10/03)

City & State: Pinellas Park FL
 Zip: 33781
 Country: [Blank]

4. FEI Number: 01-0803107
 Applied For: Not Applicable
 5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARNAL, GARY A
 6528 CENTRAL AVE STE B
 ST PETERSBURG, FL 33707

7. Name and Address of New Registered Agent
 Name: MILENA ENCEV
 Street Address (P.O. Box Number is Not Acceptable):
 8175 66th ST N
 City: PINELLAS PARK FL Zip Code: 33781

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: *Milena Enceev* DATE: 5.27th, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: WERSHOVEN, HUBERTUS H STREET ADDRESS: 6528 CENTRAL AVE STE B CITY-ST-ZIP: ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete
TITLE: D NAME: ENCEV, MILENA STREET ADDRESS: 6528 CENTRAL AVE STE B CITY-ST-ZIP: ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete
TITLE: D NAME: MOSELEY, LAWRENCE A STREET ADDRESS: 6528 CENTRAL AVE STE B CITY-ST-ZIP: ST PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 8175 66th ST N CITY-ST-ZIP: PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 8175 66th ST N CITY-ST-ZIP: PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Milena Enceev* DATE: 5.27th, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #