
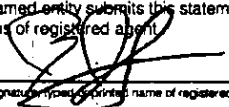
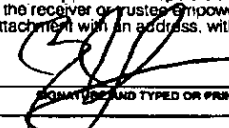


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/11

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

05-10-2004 90465 007 ***150.00

DOCUMENT # P03000085281			
1. Entity Name EXIGENCE INCORPORATED			
Principal Place of Business 315 STAN DRIVE WEST MELBOURNE, FL 32904		Mailing Address 315 STAN DRIVE WEST MELBOURNE, FL 32904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DOHERTY, BRIAN 315 STAN DRIVE WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 4 City FL Zip Code	
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:  DATE: 4/30/04 <small>Signature typed and printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOHERTY, BRIAN 160 RIVER OAKS ROAD MELBOURNE, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		Date: 4/30/04 Daytime Phone #: 321-956-0050	

66426425



05042004 Chg-P CR2E034 (10/03)

4. FEI Number **57-1183583** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional.
Fee Required

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.