


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State


02-10-2004 90011 039 ***158.75

DOCUMENT # P03000114781	
1. Entity Name II M CORP.	

Principal Place of Business 3680 STARLIGHT AVENUE MERRITT ISLAND FL 32953	Mailing Address 3680 STARLIGHT AVENUE MERRITT ISLAND FL 32953
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2. Principal Place of Business 3680 Starlight Ave	3. Mailing Address 3680 Starlight Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Merritt Island FL	City & State Merritt Island FL
Zip 32953	Country USA
Zip 32953	Country U.S.A.

	
MOORE	CR2E034 (11/03)
4. FEI Number 20-0305634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, TODD W 3680 STARLIGHT AVENUE MERRITT ISLAND FL 32953	
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7. Name and Address of New Registered Agent	
Name Todd W. Snyder	
Street Address (P.O. Box Number is Not Acceptable) 3680 Starlight Ave	
City Merritt Island	FL Zip Code 32953

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 *Todd W. Snyder* **Todd W. Snyder** 1-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Todd W. Snyder* **Todd Snyder** 1-22-04 (321) 454-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #