2004 FOR PROFIT CORPORATION ANNUAL REPORT

							
DOCU	MENT # P03000156:	E11	I E D				
1. Entity Name					FILED		
IRISH JIGS, INC.					O/ OCT LE	DW 1	
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			600 W		SEAATT LA	Words	
Principal Place of Business Mailing Address				'	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
P 0 B0X 2132 P 0 B0X 2132					TALLAHASS	SEE, FLORIDA	
PALM CITY, FL 34991 PALM CITY, FL 34991					:		
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4 5: ::::5		6 11-W 1-17					
2. Principal Place of Business 3. Mailing Address 2304 NE White Place For Po Pox 2132						i labah bilab bilib 11211 belab 1	
1304	Suite, Apt. #, etc. Suite, Apt. #, etc.						
Suite, Apt. #, etc.				0921200	4 Chg-P	CR2E034 (10/03)	1
City & State \(\)			0 (4. FEI Nur	mber	I IA	pplied For
Tensen Dearh Pensen Dead			h H.	20-	~ ~^		lot Applicable
2 ⁴⁹ C <:	Country (Zip	Country	E Conico	ata of Ctatus Desired	\$8.75 Ad	ditional
2442	1 Matio	34958-2132	USA	5. Certific	ate of Status Desired	Fee Requir	
	6. Name and Address of Current F	egistered Agent		7. Name a	ind Address of New Re	egistered Agent	·
Name Name							
ELEK, KATHLEEN M 1652 SW CROSSING CIR Street Address (P.O. Box Number)	
				ect Address (1.0. Box Humber is Not Acceptable)			
PALM CITY, FL 34990							
			City			Zip Coo	de
			J Only			FL Zip Co	
	named entity submits this statement for	the purpose of changing its reg	istered office o	registered agent, or	both, in the State of Flor	rida. I am familiar with	, and accept
the obligations of registered agent.							
SIGNATURE							ŀ
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	gistered Agent signat	ure required when reinstating		DATE	·····
							•
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be							
Di	ue by September 8, 2004	Trust Fund Contribu	ition. \square	Added to Fees			
10,	OFFICERS AND E	DIRECTORS	11.	ADDITIO	NS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE	Р	Delete	TITLE	Φ.		Change	☐ Addition
NAMÉ	ELEK, KATHLEEN M	20000	NAME	Elek Kath	leen M		
STREET ADDRESS	P O BOX 2132 STR			PO BOX 21	32- ([
CITY-ST-ZIP	PALM CITY, FL 34991			Jenson	Jeach H.39	4985	
TITLE	ST	☐ Delete	TITLE	51.		□ Change	☐ Addition
NAME	ELEK, EMERY A		NAME	Elek, Em	<u>e</u> 7	• .	
STREET ADDRESS	P O BOX 2132		STREET ADDRESS	DO BOX 21	32,		
CITY-ST-ZIP	PALM CITY, EL 34991		_CITY_ST_ZIP	-Jensent	2006-1-39	485	
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TITLE		☐ Delete	TITLE			Change	Addition .
NAME			NAME STREET ADDRESS				. 1.
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				¥5.
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TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition [-
NAME STREET ADDRESS	•		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		10601		
TITLE		☐ Delete	TITLE		714-01	☐ Change	Addition
NAME		TI DOIGIG	NAME		Ap,	— onalige	
STREET ADDRESS			STREET ADDRESS		И		
CITY-ST-ZIP			CITY-ST-ZIP		•		
12. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption sta	ted 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: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: DAME OF SIGNING OFFICER OR DIRECTOR Date Of Dayline Proof 4							
		HAME OF CIGITIES OFFICER OR I	J		uas i	DAVUITIE FIIONE #	

ease accept and excuse our renewal of air FEI# 20-0594136. e did not receive a renewal. ect and we'redenot aware that the conporations needed to be renewed every year. and addresses have changed which