


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000003728</b>	
1. Entity Name <b>IRON INVESTMENT, INC.</b>	

Principal Place of Business <b>IRON INVESTMENT, INC. 2225 CARIB CIR PALM BCH GARDENS, FL 33410 US</b>	Mailing Address <b>IRON INVESTMENT, INC. 2225 CARIB CIR PALM BCH GARDENS, FL 33410 US</b>
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04022004 No Chg-P CR2E034 (10/03)

4. F.E.I. Number <b>65-0368870</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>JACKNIN, JAY R 1555 PALM BEACH LAKES BLVD. SUITE 1010 WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV SIMMONS, MARK E. 2225 CARIB CIRCLE PALM BCH GDNS, FL
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04/05/04-80054-001 150.00

**DO NOT WRITE  
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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:** Mark Simmons **MARK SIMMONS Pres.** 4/2/04 561-627-9052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #