

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90192 003 \*\*\*150.00

**DOCUMENT # P94000063487**



1. Entity Name  
**THE INTERNATIONAL ENGINEERING ACADEMY &  
SOCIETY FOR PROMOTION OF LOGICAL  
MATHEMATICS, INCORPORAT**

Principal Place of Business  
**535 US HWY. 41 BYPASS N.  
VENICE, FL 34292 US**

Mailing Address  
**PO BOX 431  
NOKOMIS, FL 34279**

**24070330**



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CLARK, ASKEW H  
220 U.S. 41 BY PASS SOUTH  
VENICE, FL 34292**  
*535 U.S. Hwy 41 Bypass N.  
Venice, FL 34292*

**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 *Askew H. Clark* **28 May 2004**  
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**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **CLARK, ASKEW H**  
STREET ADDRESS **220 U.S. 41 BY PASS S**  
CITY-ST-ZIP **VENICE, FL 34292**  
*535 U.S. Hwy 41 Bypass N.*

TITLE **D**  
NAME **SULA, KENNETH**  
STREET ADDRESS **1240 SLEEPY HOLLOW DR**  
CITY-ST-ZIP **VENICE, FL 34292**  
*Dr. 1240 Sleepy Hollow*

TITLE **D**  
NAME **Paul Horobeck**  
STREET ADDRESS **25 Gulf Manor Dr**  
CITY-ST-ZIP **Venice, FL 34282**

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Askew H. Clark* **28 May, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone