


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000065841 1. Entity Name INTEGRAL ENTERPRISES, INC.	
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Principal Place of Business 9205 KINGSRIDGE DRIVE TAMPA, FL 33637	Mailing Address 9205 KINGSRIDGE DRIVE TAMPA, FL 33637
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01052004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3338914 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIERA, JUAN A MR 9205 KINGSRIDGE DRIVE TAMPA, FL 33637

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VIERA, JUAN A 9205 KINGSRIDGE DRIVE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VIERA, MARIA E 9205 KINGSRIDGE DRIVE TAMPA, FL 33637
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01/08/04-80003-008 150.00

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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A. VIERA - PRES. 1/5/04 (813) 988-9250