


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000069313</b>	
--------------------------------	---

1. Entity Name  
INVERNESTORS, INC.

Principal Place of Business  
916 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450

Mailing Address  
916 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3334266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

DUTEAU, MARIA R  
916 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450

**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

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

(NOTE: Registered Agent signature required when rechartering)

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**

U00000138238  
04/29/04-80071-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	TUFTS, LYNDIA B
STREET ADDRESS	8941 DEVILS NECK RD
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	P
NAME	GRIMMES, DORIS L
STREET ADDRESS	103 S SUNSET TERRACE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	T
NAME	ROGERS, ANN
STREET ADDRESS	1247 SOUTH ESTATE POINT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	V
NAME	HERB, MORRICE S
STREET ADDRESS	6018 S FLORIDA AVENUE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	S
NAME	LAPIANA, MARY C
STREET ADDRESS	218 CHAMPION AVENUE
CITY-ST-ZIP	INVERNESS, FL 34452
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:** [Signature] Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 352-726-1507

Date

Daytime Phone #