


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000000175 1. Entity Name IAN L. GILDEN, P.A.	
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Principal Place of Business 151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751	Mailing Address P O BOX 947807 MAITLAND, FL 32794-807 US
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3353552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GILDEN, IAN L
151 LOOKOUT PLACE
SUITE 110
MAITLAND, FL 32751**

**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 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	D GILDEN, IAN L ESQ. 151 LOOKOUT PLACE MAITLAND, FL 32751
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IN THIS SPACE**

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01/09/04-80003-016 150.00

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 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: IAN L. GILDEN IAN L. GILDEN DIRECTOR 1/5/04 407-645-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #