2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 08:00 AM Secretary of State

		721 O11 1			~ ′		~
DOCUMENT # P96000044455 1. Entity Name IRISH KATIE, INC.				Secretary of State			
400 WATSO	ce of Business N DR C. FL 32903 US	Mailing Address 633 S. ANDREWS AVENUE SUITE 200 FT. LAUDERDALE, FL 33301					
DO NOT WRITE IN THIS SPA			CE	01082004 4. FEi Numb 59-339	No Chg. P	CR2E034	
				5. Certificate	of Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent							
JOHNSON, WILLIAM J. JR. 633 S. ANDREWS AVENUE SUITE 200 FT. LAUDERDALE, FL 33301			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 Signglung those or protestation of registered agent and lite if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.80 9. Election Campaign Finar Trust Fund Contribution.			noing \$5	00 May Be ed to Fees U00000036523			
10.	OFFICERS AND DIF	ECTORS					·#-
RTLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, RICHARD 400 WATSON DR INDIALANTIC, FL 32903						
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-21P				IN T	THIS SF	PACE	
TITLE NAMF							

12. I hereby certify that the information supplied with this filling 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 furstee 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:

STREET ADDRESS
CITY - ST - ZIP
TIBLE
MAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.2.04

Daytime Phone #