


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000054164 1. Entity Name INVESTMENT ONE, INC.	
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Principal Place of Business 3803 SAN NICHOLAS ST TAMPA, FL 33629	Mailing Address P O BOX 24418 TAMPA, FL 33623-4418 US
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3431319	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

WOOD, SCOTT
3803 SAN NICHOLAS ST
TAMPA, FL 33629

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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WOOD, SCOTT 3803 SAN NICHOLAS ST TAMPA, FL 33629
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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)(f), 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 persons empowered.

SIGNATURE:  **1/5/04** **813.251.2130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #