FILED Jan 29, 2004 8:00 am

(941) 364-9120 Daytime Phone #

2004	FOR	PROF	T CO	RPOR	RATION
•	Α	NNUA	L REP	ORT	

ANNUAL REPORT						Secretary of State					
DOCUMENT # P96000066604 1. Entity Name ENGLISH IRONWORKS INC.			(E)		01-29-2004 90103 017 ***1						
Principal Place of Business 1960 21ST STREET SARASOTA, FL 34234		Mailing Address 1960 21ST STREET SARASOTA, FL 34234				ANN ANN BAUS BAIS BA	III: 22 III 2 III 2	8 2 1111 23 111 21 11	1821 II 1721		
2. Principal Place of Business 3		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01272004	Chg-P	CR2E03	34 (10/03)			
City & State		City & State	,			4. FEI Number 65-0696		<u></u>	_ 	plied For t Applicable	
Zip	Country	Zip	Country	· 			f Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Hegistered Agent		A1.		7. Name and A	ddress of New	Hegistered A	gent		
COUTUE	NI FDANK			Name Allen E. Langdon, Ph.D.							
SOUTHERN, FRANK 1960 21ST STREET SARASOTA, FL 34234				Street Address (P.O. Box Number is Not Acceptable)							
0A10001A,1E 04204			-	125 First Avenue					3- 40 40		
				···,	Noko	omis		FL	3427	5-4242	
the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent. E NOW!!! FEE IS \$150.00	and title if applicable. (NOT	E: Registered A	gent signature	e required v	when reinstating) OO May Be do to Fees		Jary 27			
10.	ay 1, 2004 Fee will be \$550. OFFICERS AND		11.		7000		HANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUTHERN, FRANK 1960 21ST STREET SARASOTA, FL 34234	☐ Delete	TITLE NAME	ADDRESS	1960 2			TIOCHO AID	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VDS SOUTHERN, PENELOPE A 1960 21ST STREET SARASOTA, FL 34234	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	ITTLE NAME STREET CITY-ST	ADDRESS T-ZIP					☐ Change	- Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP					☐ Change	☐ Addition	
of the co	certify that the information supplied with don this report or supplemental report is reporation or the receiver or trustee emp , or on an attachment with an address,	owered to execute this repor	t as require	ption state re shall ha d by Char	ed in Sec ve the soter 607,	ction 119.07(3)(i) ame legal effect Florida Statutes	, Florida Statutes as if made unde ; and that my na	i. I further cert r oath; that I a me appears in	ify that the in m an officer n Block 10 o	nformation or director Block 11 if	