


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90009 025 ***150.00

DOCUMENT # P97000013639	
1. Entity Name IOS OF CENTRAL FLORIDA, INC.	

Principal Place of Business 752 WEST EAU GALLIE BLVD. MELBOURNE, FL, FL 32835	Mailing Address 752 WEST EAU GALLIE BLVD. MELBOURNE, FL, FL 32835
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2. Principal Place of Business 1831 HWY A1A Suite, Apt. #, etc. #3306 City & State INDIAN HARBOR BEACH FL Zip 32937 Country BREVARD	3. Mailing Address 1831 HWY A1A Suite, Apt. #, etc. #3306 City & State INDIAN HARBOR BEACH FL Zip 32937 Country BREVARD
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02022004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3433158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLAKIOTIS, GEORGE 1831 HIGHWAY A-1-A #3306 SATELLITE BEACH, FL 32937	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLAKIOTIS, GEORGE 1831 HIGHWAY A-1-A #3306 INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **2-2-04 321-779-0116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #