



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90010 020 ***158.75

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # P97000021496 1. Entity Name LAW OFFICE OF STEVEN W. IGOU, INC. | | | |  | |
| Principal Place of Business 545 DELANEY AVE, #9 ORLANDO FL 32801 | | | Mailing Address 545 DELANEY AVE, #9 ORLANDO FL 32801 | | |
| 2. Principal Place of Business 545 DELANEY AVE Suite, Apt. #, etc. #9 City & State Orlando, FL Zip 32801 Country USA | | 3. Mailing Address 545 DELANEY AVE Suite, Apt. #, etc. #9 City & State Orlando, FL Zip 32801 Country USA | |  1st MOORE CR2E034 (10/04) | |
| 4. FEI Number 59-3435803 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent IGOU, STEVEN W 545 DELANEY AVE, #7 ORLANDO FL 32801 | | | 7. Name and Address of New Registered Agent Name IGOU, STEVEN W Street Address (P.O. Box Number is Not Acceptable) 545 DELANEY AVE, #9 City ORLANDO FL 32801 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IGOU, STEVEN W 545 DELANEY AVE, BLDG. #9 ORLANDO FL 32801 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | JAN 19 2005 <small>Date</small> | | |
| _____ <small>Daytime Phone #</small> | | | (407) 841-7200 | | |