


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000055686</b>	
1. Entity Name <b>IMS PROPERTIES, INC.</b>	

Principal Place of Business <b>4016 WEST CREST AVENUE TAMPA, FL 33614</b>	Mailing Address <b>4016 WEST CREST AVENUE TAMPA, FL 33614</b>
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**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3481446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SEEKFORD, PAIGE N  
4016 WEST CREST AVENUE  
TAMPA, FL 33614**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>SEEKFORD, PAIGE N</b>
STREET ADDRESS <b>12302 TWIN BRANCH ACRES ROAD</b>	CITY - ST - ZIP <b>TAMPA, FL 32904</b>
TITLE <b>STD</b>	NAME <b>SEEKFORD, GEORGE A JR.</b>
STREET ADDRESS <b>12302 TWIN BRANCH ACRES ROAD</b>	CITY - ST - ZIP <b>TAMPA, FL 32904</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

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03/11/04-80009-016 150.00

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 like empowered.

**SIGNATURE:** Paige Seekford Paige Seekford **3-8-04** **(813)874-0202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #