2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000079548

1. Entity Name:
INMAN HOLDINGS, INC.

FILED
04 MAY 10 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
711 W. HARVARD ST. ORLANDO, FL 32804	711 W. HARVARD ST. ORLANDO, FL 32804

04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3469415
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BISSINGER, STEVEN G
711 W. HARVARD ST.
ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE
900037045679
05/24/04--01083--004 **150.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	INMAN, CAROLYN W
STREET ADDRESS	5 INTERLAKEN RD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	P
NAME	BISSINGER, STEVEN G
STREET ADDRESS	711 W HARVARD ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	DAVID A JONES
STREET ADDRESS	117 E MARKS ST
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: STEVEN G BISSINGER PRESIDENT 4/29/04 4079225837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #