

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093913	
1. Entity Name IRELAND CHARLESTON, INC.	

Principal Place of Business 12000 BISCAYNE BLVD., STE. PH810 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD., STE. PH810 MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0811484	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IRELAND, R. SCOTT C/O IRELAND COMPANIES 12000 BISCAYNE BLVD., #810 MIAMI, FL 33181
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**DO NOT WRITE
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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IRELAND, R. SCOTT 12000 BISCAYNE BLVD., STE. PH810 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRELAND, LOU 12000 BISCAYNE BLVD., STE. #810 MIAMI, FL 33181
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04/29/05-80094-016 150.00

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: Lou Ireland VP 4-20-05 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LOU IRELAND