

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90005 034 ***150.00

DOCUMENT # P98000018361

1. Entity Name
INLAND VACUUM INDUSTRIES, INC.



Principal Place of Business
**HOWARD AVE
#35
CHURCHVILLE, NY 14428 US**

Mailing Address
**HOWARD AVE
#35
CHURCHVILLE, NY 14428 US**

44004767



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0814666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____
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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SALT, COLIN J
STREET ADDRESS	34 CARRWOOD
CITY-ST-ZIP	KNUTSFORD CHESHIRE UK, ANGLESEY LL67 0ND, UK
TITLE	V
NAME	YU, PETER
STREET ADDRESS	224 RUMFORD ROAD
CITY-ST-ZIP	ROCHESTER, NY 14626
TITLE	D
NAME	MANGEFRIDA, CHARLES
STREET ADDRESS	18 SHADYWOOD DRIVE
CITY-ST-ZIP	ROCHESTER, NY 14606
TITLE	S
NAME	SHEARD, STEPHEN P
STREET ADDRESS	1 ELIZABETH CLOSE
CITY-ST-ZIP	MELSALL CHESHIRE UK, CW6 0PJ
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04 585-83-3330