## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000019582

FITZGIBBON, MATTHEW

9035 EASTERLING DR.

ORLANDO, FL 32819

Name:

Address:

City-St-Zip:

Entity Name: INGERSOLL, MILLER CORPORATION

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1285 GUL	F SHORE BLY	VD NORTH	1285 GULF SHORE E	BLVD NORTH	
STE 6D NAPLES, FL 33940			STE 6D		
NAPLES, I	FL 33940		NAPLES, FL 34102		
Current Mailing Address:			New Mailing Address:		
	TERLING DR. D, FL 32819	US			
FEI Number	: 59-3590713	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 3332 named entity of Florida.	AND ROAD 4 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
01011/1101		nic Signature of Registered Ac	ient	 Date	
Election Car		ng Trust Fund Contribution ( ).	,,,,,,	Duto	
	S AND DIREC	- , ,	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title:	DP (	) Delete	Title:	( ) Change ( ) Addition	
Name:	FITZGIBBON,		Name:	( ) Change ( ) Addition	
Address:		HORE BLVD N 6D	Address:		
City-St-Zip:	NAPLES, FL	34102	City-St-Zip:		
Title:	V (	) Delete	Title:	( ) Change ( ) Addition	
Name:	FITZGIBBON,	•	Name:	.,	
Address:	RD #2 QUILLI	AM RD	Address:		
City-St-Zip:	WESTFIELD,	NJ 14787	City-St-Zip:		
Title:	V (	) Delete	Title:	( ) Change ( ) Addition	
Name:	FITZGIBBON,	MICHAEL	Name:		
Address:	21565 ABERD	DEEN RD	Address:		
City-St-Zip:	ROCKY RIVE	R, OH 44116	City-St-Zip:		
Title:	TS (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW FITZGIBBON TS 04/27/2004