


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90339 001 ***150.00

DOCUMENT # P98000041522	
1. Entity Name ITN/GRATE PALLET, INC.	

Principal Place of Business 1625 JESSIE STREET JACKSONVILLE, FL 32206 US	Mailing Address 1625 JESSIE STREET JACKSONVILLE, FL 32206 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent KOUFAKIS, SUSAN SEC 1625 JESSIE STREET JACKSONVILLE, FL 32206	
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7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BUCK, JAMES R OWNER 4216 OLD MILL COVE TRAIL WEST JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCK, JAMES R. OWNER 4216 OLD MILL COVE TRAIL WEST JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCK, THOMAS R PM 1386 DANFORTH DRIVE SOUTH JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BUCK, THOMAS RYAN. OWNER 1386 DANFORTH DRIVE SOUTH JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOUFAKIS, SUSAN B OFF MGR 736 NORTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, JUNE H OFFICE 4216 OLD MILL COVE TRAIL WEST JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLE, GREGORY S 10036 VINEYARD LAKE ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HAYES, OSCAR E GOV. SAL 1928 FREEDOM LANE FALLS CHURCH, VA 22043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan B. Koufakis **SUSAN B. KOUFAKIS** 4/27/04 (904) 378-9944

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