


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093977		
1. Entity Name IRON ASSET FINANCIAL, INC. ^		
Principal Place of Business 10525 VILLANOVA ROAD JACKSONVILLE, FL 32218	Mailing Address 10525 VILLANOVA ROAD JACKSONVILLE, FL 32218	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAFER, ELIOT J 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DORMANN, CHRISTOPH 10525 VILLANOVA ROAD JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>CHRISTOPH DORMANN</u> 2/18/04 (904) 765 2230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3540636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/23/04-80029-018 150.00

**DO NOT WRITE
IN THIS SPACE**