

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000025016

1. Entity Name
INVESTMENT MANAGEMENT & RESEARCH, INC.



Principal Place of Business
**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

Mailing Address
**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563793	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MATECKI, PAUL L
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

**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	T
NAME	TREMAINE, THOMAS R
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 33716

TITLE	DP
NAME	JULIEN, JEFFREY P
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 33716

TITLE	S
NAME	WILSON, DONNA L
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U4/20/U4-BUUG9-012 150.00

**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)(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: Jeffrey P. Julien **Jeffrey P. Julien**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 08 2004

Date

727-567-3800

Daytime Phone #