2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90170 021 ***158.75

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1. Entity Name
IPLACEMENT, INC.

Principal Place of Business	Mailing Address
1516 E. COLONIAL DRIVE SUITE 203 ORLANDO, FL 32803	PO BOX 533958 ORLANDO, FL 32853-3958

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3585816
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801

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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	PD
NAME	~~NILIXOL~~, DAVID E
STREET ADDRESS	~~645 TERRACE BLVD.~~
CITY-ST-ZIP	~~ORLANDO, FL 32801~~

Nuxol, David E
793 Broadoak Lp
Sanford, FL 32771

TITLE	CD
NAME	DAVIS, RANDOLPH
STREET ADDRESS	978 LAS FLORES WAY
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	DST
NAME	BALL, SHARON
STREET ADDRESS	363 E LAKE SUE AVE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	D
NAME	COOKE, WILLIAM J
STREET ADDRESS	1257 WELLINTON TERRACE
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	D
NAME	RILEY, JOHN A
STREET ADDRESS	4090 SCARLET IRIS PLACE
CITY-ST-ZIP	WINTER PARK, FL 32792

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: Chairman Randolph D. Davis 4-21-04 407-893-3711 ext 206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #