2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # V28533  1. Entity Name  IGLER & DOUGHERTY P.A.						Mar 12, 2004 08:00 AM Secretary of State
Principal Place of Business 1501 PARK AVE EAST TALLAHASSEE FL 32301 US			Mailing Address 1501 PARK AVE EAST TALLAHASSEE FL 32301 US			
2. Principal Place of Business			3. Mailing Address			
Suste, Apt. #, etc.			Suite, Apt #, etc.			MOORE CR2E034 (11/03)
City & State			City & State			4. FEI Number 59-3121454 Applied For Not Applicable
Zip	Zip Country		Zip Countr		itry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
IDH, INC 1501 PARK AVE EAST TALLLAHASSEE FL 32301					Street Address	(P.O. Box Number is Not Acceptable)
					City	Zip Code
8. The above named entity submits this statement for the purpose of changing its registere						
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 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	150	OFFICERS AND		11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DITLE NAME STREET ADDRESS CITY -ST-ZIP	IGLER, A. 1501 PARI TALLAHAS	AVE EAST	☐ Delete		- }	□ Change □ Addition U00000086540 03/12/04-80027-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERBERT D, HAUGHTON 35 1501 PARK AVE EAST TALLAHASSEE FL		☐ Detete	RELE NAME STREET ADDRESS ORTY-ST-ZIP		☐ Change ☐ Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	1501 PARK	TY JR., EDWARD W AVE EAST SSEE FL 32301	☐ Oelete		ł t	☐ Change ☐ Addition
title Name Street address City-St-Zip			☐ Delete		1	☐ Change ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete	•	i	☐ Change ☐ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			□ Celete	CITY	E ET ADDRESS -ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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.						

**FILED** 

03/10/04