


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 598445
 1. Entity Name
 I 75 / S 80 CORP.



Principal Place of Business % GEORGE & ALEXANDER 2831 RINGLING BLVD STE 112C SARASOTA, FL 34237 US	Mailing Address % GEORGE & ALEXANDER 2831 RINGLING BLVD STE 112C SARASOTA, FL 34237 US
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1875950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RITCHEY, JAMES
 1550 RINGLING BLVD.
 SARASOTA, FL 33577

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.
 02/24/04-80002-017-150.00

SIGNATURE _____ (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

UN000000004188
 02/24/04-80002-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOORE, JOSEPH W. 74 COLBY RD MOULTONBORO, NH 03254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, JAMES H 58 HANCOCK ROAD NEEDHAM, MA 02492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN, MEREDITH M 58 HANCOCK RD. NEEDHAM, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: Meredith M Lynn Jan 27, 2004 781-449-1036
 MEREDITH M LYNN (Secy)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #