


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90001 049 \*\*\*150.00

**DOCUMENT # G77086**  
 1. Entity Name  
**INDEPENDENT RECORD CORPORATION**



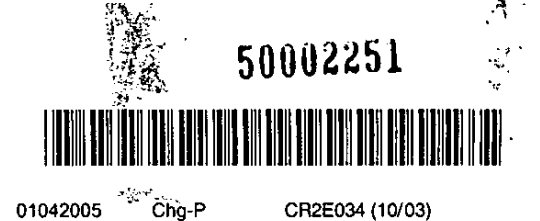
Principal Place of Business      Mailing Address  
**C/O BETTE KESTER CONRAD, ESQ.**      **C/O BETTE KESTER CONRAD, ESQ.**  
**777 S. FLAGLER DR. STE 500**      **777 S. FLAGLER DR. STE 500**  
**WEST PALM BEACH, FL 33401**      **WEST PALM BEACH, FL 33401**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number      Applied For  
**59-2388034**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**VAN ANDEL, PETER**  
**777 S. FLAGLER DRIVE**  
**SUITE 500**  
**W PALM BCH., FL 33401**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SOKOL, ALBERT J.	
STREET ADDRESS	319 EL VEDADO	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOKOL, ALBERT J.	
STREET ADDRESS	319 EL VEDADO	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNY, LISE	
STREET ADDRESS	312 E LAKEWOOD RD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lise Kenny      **LISE KENNY**      *SECRET*      **6 JAN 2005 (50)**      **650-0599**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #