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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	→ #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(DC)	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: I-4, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
1-4/ne dba Reams and More (Name of Firm/Company)
6645 N. Devis Hwy (Address)
Pensace/a FZ 32504 (City/State and Zip Code)
For further information concerning this matter, please call:
Dedi Grampher at (850) 4793976 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

DIVISION OF CORPORATIONS 2005 MAY 19 AM 10: 08

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Curtis C Kimbrell, Ir hereby resign as Dresident
(Title)
of I-A, Inc
(Name of Corporation)
, a corporation organized under the laws of the State of (Document Number, if known)
Florida
Conto Co Simbello.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314