

2004

ANNUAL REPORT

DOCUMENT # P00000017334

1. Entity Name
INTELLIMATICS INTERNATIONAL INCORPORATED



FILED

04 OCT 12 AM 8:20

SECRETARY OF STATE



Principal Place of Business
201 RUTLEDGE ST.
STE 210
MADISON, FL 32340

Mailing Address
PO BOX 706
MADISON, FL 32340

DO NOT WRITE IN THIS SPACE

09152004 No Chg-P CR2E034 (10/03) *fk*

4. FEI Number
59-3661055 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISNER, LARRY W
ROUTE 4 BOX 2415
MADISON, FL 32340

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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.

400041796404
10/12/04--01001--009 **150.00

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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEISNER, LARRY W
STREET ADDRESS	P.O. BOX 644
CITY-ST-ZIP	MADISON, FL 32341
TITLE	VSD
NAME	WEISNER, WILLIAM D
STREET ADDRESS	P.O. BOX 13018
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Larry W Weisner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04
Date

Daytime Phone #