

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90017 005 ***150.00

DOCUMENT # P00000017334

1. Entity Name
INTELLIMATICS INTERNATIONAL INCORPORATED



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

Mailing Address
**PO BOX 706
 MADISON, FL 32340**

2. Principal Place of Business
3172 SW SR 14

3. Mailing Address

Suite, Apt. #, etc.

City & State
MADISON

City & State

Zip
32340 Country
MADISON



02102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**WEISNER, LARRY W
 ROUTE 4 BOX 2445
 MADISON, FL 32340**

3172 SW SR 14

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. **ADDRESS CHANGE ONLY**

SIGNATURE *Larry W Weisner* **PRESIDENT** **Feb 10, 2005**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when executing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WEISNER, LARRY W P.O. BOX 644 MADISON, FL 32341	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD WEISNER, WILLIAM D P.O. BOX 13018 GAINESVILLE, FL 32604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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* **Feb 10, 2005** (80)973-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #