

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17817

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: INTER-SPACE SERVICES, INC.

**Current Principal Place of Business:**

4635 CRACKERSPORT RD  
ALLENTOWN, PA 181049597

**New Principal Place of Business:**

**Current Mailing Address:**

4635 CRACKERSPORT RD  
ALLENTOWN, PA 181049597

**New Mailing Address:**

FEI Number: 23-1940160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILT, BARBARA  
1671 40 ST.  
WEST PALM BEACH, FL 33407      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCED ( ) Delete  
Name: LIEBERMAN, MARIANNE  
Address: 4635 CRACKERSPORT RD  
City-St-Zip: ALLENTOWN, PA 181049597

Title: C ( ) Delete  
Name: STRACIA, DEBORAH  
Address: 4635 CRACKERSPORT RD  
City-St-Zip: ALLENTOWN, PA 181049597

Title: DV ( ) Delete  
Name: LIEBERMAN, MARK T  
Address: 4635 CRACKERSPORT RD  
City-St-Zip: ALLENTOWN, PA 181049597

Title: TD ( ) Delete  
Name: MCGUIRE, MOLLY  
Address: 4635 CRACKERSPORT RD  
City-St-Zip: ALLENTOWN, PA 181049597

Title: SD ( ) Delete  
Name: FRICK, RICHARD  
Address: 4635 CRACKERSPORT RD  
City-St-Zip: ALLENTOWN, PA 181049597

Title: V ( ) Delete  
Name: ANDERS, CHERYL  
Address: 4635 CRACKERSPORT RD  
City-St-Zip: ALLENTOWN, PA 181049597

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD FRICK

SD

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date