

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90078 044 ***150.00

DOCUMENT # 398924

1. Entity Name

INTENT, INC



Principal Place of Business
1232 ST TROPEZ CIRCLE
ORLANDO FL 32806
US

Mailing Address
1232 ST TROPEZ CIRCLE
ORLANDO FL 32806
US

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
59-1399981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISE, REGINALD M
1232 ST TROPEZ CIRCLE
ORLANDO FL 32806

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

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WISE, REGINALD M
STREET ADDRESS 1232 ST TROPEZ CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE STD
NAME WISE, SHANNON R.
STREET ADDRESS 1232 ST TROPEZ CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VD
NAME EICHER, HENRY V.
STREET ADDRESS 1232 ST TROPEZ CIRCLE
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME WISE, REGINALD M.
STREET ADDRESS 1232 ST. TROPEZ CIRCLE
CITY-ST-ZIP Orlando, Florida 32806-5552 ☒ Change ☐ Addition

TITLE VSD
NAME WISE, SHANNON R.
STREET ADDRESS 1232 ST. TROPEZ CIRCLE
CITY-ST-ZIP Orlando, Florida 32806-5552 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

1-26-04 407-650-9081