## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2005 08:00 AM Secretary of State **DOCUMENT # 491977** INTEREX CORPORATION Principal Place of Business Mailing Address 1019 N HAZEN 1019 N HAZEN DELAND, FL 32720 DELAND, FL 32720 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-1636084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BANG, OLA DO NOT WRITE 1019 N. HAZEN RD. DELAND, FL 32720 IN THIS SPACE 1. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreture required when reinstating) U00000298270 04/11/05-80061-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DDE BANG, OLA NAME STREET ADDRESS 1019 N HAZEN RD CTY-57-79 DELAND, FL VDST TITLE NAME BANG, RAMONA R. STREET ADDRESS 1019 N. HAZEN RD CITY-ST-ZP DELAND, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-51-7/P nne IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 justee empowered to execute this report as required by Chapter 807, 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: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 APRIL OS 386-734-923

FILED