

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 646426

1. Entity Name
TEAM INTRAWORLD MARKET COMPANY, INC.



Principal Place of Business
P.O. BOX 968
CRESCENT CITY, FL 32112

Mailing Address
P.O. BOX 968
CRESCENT CITY, FL 32112



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1954821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWBOLD, JOHN R. JR.
610 OLD HWY 17
CRESCENT CITY, FL 32112

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWBOLD, JOHN JR R
STREET ADDRESS	566 OLD HWY 17
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	VPD
NAME	NEWBOLD, JOHN R. III
STREET ADDRESS	566 OLD HWY 17
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	SD
NAME	NEWBOLD, JACQUELINE M
STREET ADDRESS	566 OLD HWY 17
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	TD
NAME	AUSTIN, LINDA T
STREET ADDRESS	100 SOUTH TREMAIN ST. UNIT H-3
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000173039
01/13/05-80002-013 150.00

**DO NOT WRITE
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)(f), 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline M Newbold
Jacqueline M Newbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05
Date

386 698 4674
Filing Number