

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90019 020 ***150.00

DOCUMENT # F06000002418

1. Entity Name
INTERVEST PROPERTIES, LTD., CORPORATION



Principal Place of Business
**15 E 5TH STREET SUITE 2700
TULSA, OK 74103**

Mailing Address
**15 E 5TH STREET SUITE 2700
TULSA, OK 74103**

40056657



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 4779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-P CR2E034 (12/06)

City & State

City & State
Tulsa OK

4. FEI Number
73-1294224

Applied For
Not Applicable

Zip

Country

Zip

74159

Country

USA

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

**MURDOCH, ROBERT
2455 E SUNRISE BLVD SUITE 1000
FT LAUDERDALE, FL 33304**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **WILLIAMS, DALE A**
STREET ADDRESS **15 E 5TH STREET SUITE 2700**
CITY-ST-ZIP **TULSA, OK 74103**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

Daytime Phone #