

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25839

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: INTERPOSE INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

2170 W. SR 434, SUITE #226  
LONGWOOD, FL 32779

**New Principal Place of Business:**

2170 W. SR 434, SUITE #226  
SUITE 226  
LONGWOOD, FL 32779

**Current Mailing Address:**

2170 W. SR 434, SUITE #226  
LONGWOOD, FL 32779

**New Mailing Address:**

2170 W. SR 434  
SUITE 226  
LONGWOOD, FL 32779

FEI Number: 59-2072222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOFFMAN, JOHN L.  
2170 W. SR 434, SUITE #226  
LONGWOOD, FL 32779

**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: PT ( ) Delete  
Name: HOFFMAN, JOHN L.,  
Address: 2170 W. SR 434, #226  
City-St-Zip: LONGWOOD, FL

Title: VS ( ) Delete  
Name: HOFFMAN, DEBRA A.,  
Address: 2170 W. SR 434, #226  
City-St-Zip: LONGWOOD, FL

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

Title: PT (X) Change ( ) Addition  
Name: HOFFMAN, JOHN L.,  
Address: 2170 W. SR 434, #226  
City-St-Zip: LONGWOOD, FL 32779

Title: VS (X) Change ( ) Addition  
Name: HOFFMAN, DEBRA A.,  
Address: 2170 W. SR 434, #226  
City-St-Zip: LONGWOOD, FL 32779

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: JOHN L HOFFMAN

PRES

01/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date