

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001548

FILED
Jan 09, 2004
Secretary of State

Entity Name: THE INTREPID CORPORATION OF GEORGIA

Current Principal Place of Business:

6900 SOUTHPOINT DR N
SUITE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4610
JACKSONVILLE, FL 322014610

New Mailing Address:

P.O. BOX 551428
JACKSONVILLE, FL 322551428

FEI Number: 58-1534528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTAGUS, LINDA
6900 SOUTHPOINT DR N
SUITE 299
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

ORTAGUS, LINDA
6900 SOUTHPOINT DR N
SUITE 200
JACKSONVILLE, FL 32216 US

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:

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ORTAGUS, LINDA
Address: 6900 SOUTHPOINT DR N, #200
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: CARR, LAUREN
Address: 6900 SOUTHPOINT DR N, #200
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: FARR, JEANNE
Address: 6900 SOUTHPOINT DR N, #200
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: SMITH, JOHN
Address: 6900 SOUTHPOINT DR N, #200
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD () Delete
Name: WILLINGHAM, BEN JR
Address: 6900 SOUTHPOINT DR N, #200
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEANNE E. FARR

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01/09/2004

Electronic Signature of Signing Officer or Director

Date