


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # J82404 1. Entity Name INTERVENT, INC.	
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Principal Place of Business 13134 HWY 301 DADE CITY, FL 33526 US	Mailing Address P.O. BOX 2177 DADE CITY, FL 33526-2177 US
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DO NOT WRITE IN THIS SPACE

03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2836585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERTON, FAYE M. 12640 ABBEY DR DADE CITY, FL 33525

**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 _____ (NOTE: Registered Agent signature required when refiling)
Signature: typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERTON, THOMAS L. (JR) 11424 GRANDVIEW DRIVE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ANDERTON, JANET M. 11424 GRANDVIEW DRIVE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDERTON, FAYE M 12640 ABBEY DR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/30/05-80113-011 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay m Anderton 4/27/05 3525176791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #