

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # J82404

1. Entity Name
INTERVENT, INC.



Principal Place of Business
**13134 HWY 301
DADE CITY, FL 33526 US**

Mailing Address
**P.O. BOX 2177
DADE CITY, FL 33526-2177 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2836585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERTON, FAYE M.
38014 BLACKBIRD LN
ZEPHYRHILLS, FL 33540**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERTON, THOMAS L. (JR)
STREET ADDRESS	11424 GRANDVIEW DRIVE
CITY-ST-ZIP	DADE CITY, FL

TITLE	ST
NAME	ANDERTON, JANET M.
STREET ADDRESS	11424 GRANDVIEW DRIVE
CITY-ST-ZIP	DADE CITY, FL

TITLE	T
NAME	ANDERTON, FAYE M
STREET ADDRESS	38014 BLACKBIRD LN
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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04/25/08-80085-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jaym Anderton Trean. Faye m Anderton **4-8-08 3525276102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #