

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J82404

Entity Name: INTERVENT, INC.

FILED
Aug 04, 2009
Secretary of State

Current Principal Place of Business:

13134 HWY 301
DADE CITY, FL 33526 US

New Principal Place of Business:

13833 BELLAMY BROTHERS BLVD.
DADE CITY, FL 33525 US

Current Mailing Address:

P.O. BOX 2177
DADE CITY, FL 335262177 US

New Mailing Address:

FEI Number: 59-2836585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERTON, FAYE M.
13833 BELLAMY BROTHERS BLVD.
DADE CIY, FL 33525 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: _____

Electronic Signature of Registered Agent

08/04/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERTON, THOMAS L. (JR)
Address: 11424 GRANDVIEW DRIVE
City-St-Zip: DADE CITY, FL

Title: ST () Delete
Name: ANDERTON, JANET M.
Address: 11424 GRANDVIEW DRIVE
City-St-Zip: DADE CITY, FL

Title: T () Delete
Name: ANDERTON, FAYE M
Address: 38014 BLACKBIRD LN
City-St-Zip: ZEPHYRHILLS, FL 33540

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS L. ANDERTON JR.

P

08/04/2009

Electronic Signature of Signing Officer or Director

Date