

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # K55961		
1. Entity Name INTECH SYSTEMS OF TALLAHASSEE, INC.		

Principal Place of Business 4926 SIX OAKS DR. TALLAHASSEE FL 32303	Mailing Address 4926 SIX OAKS DR. TALLAHASSEE FL 32303
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-2932836	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARK CASTER 3666 DWIGHT DAVIS DRIVE TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 revalidating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	☐ Delete		TITLE		☐ Change	☐ Add
NAME	PATEL, PIYUSH			NAME			
STREET ADDRESS	3166 SPRING OAK AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOUR FL 34684			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change	☐ Add
NAME	JANECEK, DOUGLAS			NAME			
STREET ADDRESS	4794 PIMLICO DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP			
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Add
NAME	CASTER, MARK			NAME			
STREET ADDRESS	3666 DWIGHT DAVIS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change	☐ Add
NAME	PATEL, PIYUSH			NAME			
STREET ADDRESS	3166 SPRING AVE			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34639			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark Caster* **Mark Caster** 1/19/06 850 879 3400