

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90139 014 \*\*\*\*55.00

**DOCUMENT # L03000006696**

1. Entity Name  
**INTERNATIONAL TECHNOLOGIES GROUP, LLC**



Principal Place of Business  
1093 A1A BEACH BOULEVARD 459  
ST. AUGUSTINE BEACH, FL 32080

Mailing Address  
1093 A1A BEACH BOULEVARD 459  
ST. AUGUSTINE BEACH, FL 32080

**24082076**



2. Principal Place of Business  
**International Technologies Group, LLC**  
1093 A1A Beach Blvd. • #389  
St. Augustine Beach, FL 32080-6733

08202004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**54 1773221**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

Zip Country  
**St. Johns**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM BAKER, DAVID J** ☐ Delete  
STREET ADDRESS **14 OAK ROAD**  
CITY-ST-ZIP **ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME **MGRM BAKER, JOHANNA H** ☐ Delete  
STREET ADDRESS **14 OAK ROAD**  
CITY-ST-ZIP **ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Johanna H. Baker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08/27/04 904.461.3895  
Date Daytime Phone #