

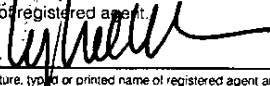
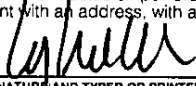


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 047 ***150.00

DOCUMENT # L78071 1. Entity Name INTERCODE, INC.					
Principal Place of Business 1040 CASUARINA RD DELRAY BEACH, FL 33483 US			Mailing Address 1040 CASUARINA RD DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box # 1036 CASUARINA RD		3. Mailing Address 1036 CASUARINA RD		40113704 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032007 Chg-P CR2E034 (12/06)	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL		4. FEI Number 65-0203028	
Zip 33483		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVELL, VICKIE 1040 CASUARINA RD DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  DATE May 1 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOVELL, VICKIE J 1040 CASUARINA RD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHANDELMAYER, JOHN 1040 CASUARINA RD DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE May 1, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT
40113704
Division of Corporations

Annual Report

Annual Report Help

Document Number

L78071

Business Entity Name

INTERCODE, INC.

FEI Number

650203028

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

1036 CASUARINA RD

Suite, Apt. #, etc.

City, State

DELRAY BEACH

FL

Zip Code & Country

33483

US

Mailing Address

Address

1036 CASUARINA RD

Suite, Apt. #, etc.

City, State

DELRAY BEACH

FL

Zip Code & Country

33483

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

LOVELL, VICKIE

Address (PO Box is not acceptable)

1036 CASUARINA RD

Suite, Apt. #, etc.

City, State

DELRAY BEACH

FL

Zip Code & Country

33483

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

40113704

L78071

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Vickie Lovell

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PTD
Name (Last, First, Middle, Title) LOVELL VICKIE J

- OR -

Entity Name to serve as Officer/Director

Street Address 1040 CASUARINA RD
City, State DELRAY BEACH FL
Zip Code & Country 33483

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PST

Officer/Director Signature Vickie Lovell

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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