

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90019 019 ***150.00

DOCUMENT # L90813

1. Entity Name

INTELASERV, INC.



Principal Place of Business

1923 EAST AVENUE
PANAMA CITY FL 32405

Mailing Address

1923 EAST AVENUE
PANAMA CITY FL 32405

2. Principal Place of Business

9224 Cherokee St.

Suite, Apt. #, etc.

3. Mailing Address

9222 Cherokee St.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Youngstown, FL

Zip

32466

Country

USA

City & State

Youngstown, FL

Zip

32466

Country

USA

4. FEI Number

59-3046602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, GARY W.
1923 EAST AVENUE
PANAMA CITY FL 32405

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, GARY W.	
STREET ADDRESS	1923 EAST AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32-4045	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LEE, GARY	
STREET ADDRESS	1923 EAST AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, GARY	
STREET ADDRESS	1923 EAST AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9224 Cherokee St	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9224 Cherokee St.	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9224 Cherokee St.	
CITY-ST-ZIP	Youngstown, FL 32466	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

850-763-5152

Date

Daytime Phone #