

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90213 009 ****61.25

DOCUMENT # N01000001339

1. Entity Name

TEAM INTENSITY, INC.



Principal Place of Business

551 S CHICKASAW TRAIL
ORLANDO FL 32825

Mailing Address

551 S CHICKASAW TRAIL
ORLANDO FL 32825

2. Principal Place of Business

70 Spring Lake Drive
Suite, Apt. #, etc.

3. Mailing Address

70 Spring Lake Drive
Suite, Apt. #, etc.

City & State

DeBary, FL

City & State

DeBary, FL

4. FEI Number

59-3697275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CANNON, KELLY
70 SPRING LAKE DR
DEBARY FL 32713

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
CANNON, KELLEY
70 SPRING LAKE DR
DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
SOLIS, JULIE
235 S DEERWOOD AVE
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROQUE, JOSEPHINE
7839 ANTIBES CT
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BRUNSON, KIM
8152 TROXLER DR
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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 617, 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: *Kelley W. Cannon - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04

Date

386-6608-5814

Daytime Phone #