

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006128

FILED
Apr 25, 2012
Secretary of State

Entity Name: INTERCEPTED!, INC.

Current Principal Place of Business:

1630 CROSSPOINTE WAY
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13584
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 80-0738137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVOLUTIONARY EXPRESSIONS, LLC
1630 CROSSPOINTE WAY
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: FED
Name: HINES, TRACYE
Address: P. O. BOX 13584
City-St-Zip: TALLAHASSEE, FL 32317

Title: BM
Name: HAYES, JOCELYN
Address: 222 PONDEROSA LN
City-St-Zip: MIDWAY, FL 32343

Title: TR
Name: SCOTT, MARCUS
Address: 513 KING SOLOMON ST.
City-St-Zip: TALLAHASSEE, FL 32305

Title: BM
Name: WHITTED, CHANTIEL
Address: 1908 FAULK DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: TR
Name: DAVIS, ANITA L
Address: 708 BRAGG DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: TR
Name: HALL, TAZH
Address: P.O. BOX 13584
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRACYE HINES

FED

04/25/2012

Electronic Signature of Signing Officer or Director

Date