

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27644

FILED
Mar 01, 2006
Secretary of State

Entity Name: INTERGROUP 5, INC.

Current Principal Place of Business:

1106-H THOMASVILLE RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1106-H THOMASVILLE RD
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2915187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLINGS, GREG
821 CHERRY STREET
TALLAHASSEE, FL 32303 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: CD () Delete
Name: WOOD, DONALD E
Address: 1944 LAWSON ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VCD () Delete
Name: LAUVER, RON
Address: 984 PARK VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SD () Delete
Name: FILAR, CRAIG
Address: 3315 DOMOOR DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TD () Delete
Name: STALLINGS, GREG
Address: 821 CHERRY ST
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LAUVER, RON
Address: 984 PARK VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VCD (X) Change () Addition
Name: LEWIS, MIKE
Address: 260 HIDDEN ACRES
City-St-Zip: MONTICELLO, FL 32344 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREG STALLINGS

TD

03/01/2006

Electronic Signature of Signing Officer or Director

Date