

2004

ANNUAL REPORT

DOCUMENT # P00000017334

1. Entity Name
INTELLIMATICS INTERNATIONAL INCORPORATED

Principal Place of Business

201 RUTLEDGE ST.
STE 210
MADISON, FL 32340

Mailing Address

PO BOX 706
MADISON, FL 32340

FILED

04 OCT 12 AM 8:20

SECRETARY OF STATE



09152004

No Chg-P

CR2E034 (10/03)

tk

4. FEI Number

59-3661055

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISNER, LARRY W
ROUTE 4 BOX 2415
MADISON, FL 32340DO NOT WRITE
IN THIS SPACE

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.

400041796404

10/12/04--01001--009 **150.00

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
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEISNER, LARRY W
STREET ADDRESS	P.O. BOX 644
CITY-ST-ZIP	MADISON, FL 32341
TITLE	VSD
NAME	WEISNER, WILLIAM D
STREET ADDRESS	P.O. BOX 13018
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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

10/6/04

Date

Telephone #