

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033665

Entity Name: THE ITNOR CORP.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

5700 LAUREL AVE
WATERS EDGE COLONY
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 430531
BIG PINE KEY, FL 33043531

New Mailing Address:

FEI Number: 59-3655232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAKSEN, GENEVIEVE
32 SPOON BILL WAY
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISAKSEN, JOHN
Address: 30233 OVERSEA HWY.
City-St-Zip: BIG PINE KEY, FL 33043531

Title: D () Delete
Name: ISAKSEN, GENEVIEVE
Address: 30233 OVERSEA HWY.
City-St-Zip: BIG PINE KEY, FL 33043531

Title: DS2V () Delete
Name: ISAKSEN, JOHN F
Address: 30233 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

Title: DP () Delete
Name: ISAKSEN, GENEVIERE C
Address: 30233 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

Title: 1VP () Delete
Name: MCREYNOLDS, CAROLEE
Address: 5700 CAUREL AVENUE # 70
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLEE MCREYNOLDS

1VP

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date