

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000033665**

1. Entity Name

THE ITNOR CORP.



Principal Place of Business

5700 LAUREL AVE #70  
WATERS EDGE COLONY  
KEY WEST FL 33040

Mailing Address

32 SPOONBILL WAY  
KEY WEST FL 33040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3655232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ISAKSEN, GENEVIEVE  
32 SPOONBILL WAY  
KEY WEST FL 33040

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 substituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ISAKSEN, JOHN	
STREET ADDRESS	32 SPOONBILL WAY	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAKSEN, GENEVIEVE	
STREET ADDRESS	32 SPOONBILL WAY	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DS2V	<input type="checkbox"/> Delete
NAME	ISAKSEN, JOHN F	
STREET ADDRESS	32 SPOONBILL WAY	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ISAKSEN, GENEVIEVE C	
STREET ADDRESS	32 SPOONBILL WAY	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Genevieve C. Isaksen* Feb 13, 2008 305-296-1709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR