

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90001 050 ***550.00

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1. Entity Name
INTERCOMMUNITY MANAGEMENT COMPANY, INC.



Principal Place of Business
**301 SOUTH LAKE STREET
LEESBURG, FL 34788**

Mailing Address
**301 SOUTH LAKE STREET
LEESBURG, FL 34788**

40001000



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3703285** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBSON, STEWART ESQ.
950 SO. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**

**DO 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.

SIGNATURE Stewart Jacobson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/27/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **JACOBSON, HAL M M.D.**
STREET ADDRESS **33809 OVERTON DRIVE**
CITY-ST-ZIP **LEESBURG, FL 34788**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Hal M. Jacobson /aab
Signature and typed or printed name of signing officer or director

6/27/06
Date

352.326.2024
Daytime Phone #