


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000101928
1. Entity Name
KONTACTINTELLIGENCE.COM, INC.



Principal Place of Business
17 W. CEDAR STREET #1
PENSACOLA, FL 32501

Mailing Address
17 W. CEDAR STREET #1
PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1629312

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent
NICKELSEN, ERIC J
17 W. CEDAR STREET #1
PENSACOLA, FL 32501

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U00000139321
04/29/04-80117-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICKELSEN, ERIC J 17 W. CEDAR STREET #3 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSEN, NIELS 17 W. CEDAR STREET #1 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSULLIVAN, J. MORT 316 S BAYLEN PENSACOLA, FL 32502
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)(f), 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: Niels K. Andersen 4/14/04 (850)433-4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #