## FILED Sep 01, 2004 8:00 am Secretary of State 09-01-2004 90005 013 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

TOTAL PLAN (NO. Apr. 18, etc.   Suite, Apt. 18, etc.   O7212004   Chgp   CR2694 (10/03)    Zip   Country   Zip   Country   Zip   Country   Applied For Applied For O3.0 394 59 91   Applied For Applied For Applied For O3.0 394 59 91   Applied For Ap	DOCUMENT # P02000027549  1. Entity Name COUNTER INTELLIGENCE OF TALLAHASSEE, INC.  54071288												
Suite, Apt. #, etc.   Suite, Apt. #, etc.   O7212004   ChgP   CR2E034 (10/03)	2709 ALLEN ROAD				2709 ALLEN ROAD			!	<b>i</b>	940	1180	•	
City & State  Country  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. S. Additional Fee Fee Feequine  S. Certificate of Status Desired  State Address of New Registered Agent  The address of New	2. Principal Pl	lace of Busin	ness	3.	Mailing Address								
APPLIED FOR \$\( \) \$ 349 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Suite, Apt. #, etc.				Suite, Apt. #, etc.			07212004	Chg-P	CR2E0	34 (10/03)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  VIKER, DACQUES 2709 ALLEN ROAD TALLAHASSEE, FL 32312  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the bibligations of registered agent, or post, in the State of Florida. I am familiar with, and accept the bibligations of registered agent, or post, in the State of Florida. I am familiar with, and accept the bibligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the bibligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the bibligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the bibligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the bibligations of registered agent.  FILE NOWIII FEE IS \$150.00 Due by September 8, 2004  9. Election Campelign Financing   \$5.00 May Ba   In accordance with s, 607.193(2)(b), F.S., the composition did not receive the prior rotice.  THE NAME  VIKER, DACQUES  VIKER, DACQUES  VIKER, DACQUES  STRET ADDRESS  CITY-ST-2P  THE NAME  STRET ADDRESS  CITY-ST-2P  THE Dedde  THE NAME  STRET ADDRESS  CITY-ST-2P  THE Change   Additional Charge   Additiona	City & State			1	City & State		4. FEI Numb	er D FOR <b>03</b> 0	39950'	1 Ap			
Name    Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country					ntry				Fee Require		
VIKER, DACQUES 2709 ALLEN ROAD TALLAHASSEE, FL 32312  Street Address (P.O. Box Number is Not Acceptable)  City	<u> </u>	6. Name	and Address of Current	Regis	tered Agent	Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyped or protest amen of registered agent and title if explication.  FILE NOW!!! FEE IS \$150.00  Due by Soptember 8, 2004  P. Election Campalign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  ITTLE  MAME VIKER, DACQUES  STREET ADDRESS  CITY-ST-2P  TITLE  MAME SIRRET ADDRESS  CITY-ST-2					· · · · · · · · · · · · · · · · · · ·								
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 protein name of registered agent and ritle if applicable.  PLE NOW!!! FEE IS \$150.00 Due by September 8, 2004  PILE NOW!!! FEE IS \$150.00 Due by September 8, 2004  PILE NOW!!! FEE IS \$150.00 Directors  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Del													
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE  TITLE NAME STREET ADDR							City			FL	Zip Code		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004  10. OFFICERS AND DIRECTORS Trust Fund Contribution.  OFFICERS AND DIRECTORS  ITILE TITLE TI	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.												
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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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 the pool as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other light empowered.													
SIGNATURE: \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \													