

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073970

FILED  
Mar 30, 2004  
Secretary of State

Entity Name: INTREPID MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

225 WATER STREET  
SUITE 2020  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

## Current Mailing Address:

225 WATER STREET  
SUITE 2020  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

FEI Number: 75-3083348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC  
225 WATER STREET  
SUITE 2020  
JACKSONVILLE, FL 32202 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: VD ( ) Delete  
Name: MCAFEE, MATTHEW S  
Address: 225 WATER STREET, SUITE 2020  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD ( ) Delete  
Name: BROCKWELL, PAUL H  
Address: 4741 ATLANTIC BLVD., SUITE D  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PD ( ) Delete  
Name: DRIVER, GARY R  
Address: 225 WATER STREET, SUITE 2020  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VTD ( ) Delete  
Name: CAMERLENGO, JOSEPH V  
Address: 4741 ATLANTIC BLVD., SUITE D  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VSD (X) Delete  
Name: JOHNSON, TODD C  
Address: 225 WATER STREET, SUITE 2020  
City-St-Zip: JACKSONVILLE, FL 32202 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PSD (X) Change ( ) Addition  
Name: DRIVER, GARY R  
Address: 225 WATER STREET, SUITE 2020  
City-St-Zip: JACKSONVILLE, FL 32202 US

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: G. RAY DRIVER, JR.

PSD

03/30/2004

Electronic Signature of Signing Officer or Director

Date