## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000073970

Entity Name: INTREPID MANAGEMENT SERVICES, INC.

**FILED** Apr 25, 2005 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

225 WATER STREET ONE INDEPENDENT DRIVE

**SUITE 2020** SUITE 1200

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

New Mailing Address: **Current Mailing Address:** 

225 WATER STREET ONE INDEPENDENT DRIVE

SUITE 2020 SUITE 1200 US

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US

FEI Number: 75-3083348 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC INTREPID REGISTERED AGENT SERVICES, LLC 225 WATER STREET ONE INDEPENDENT DRIVE

**SUITE 2020** SUITE 1200

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

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: GWEN HUTCHESON GRIGGS, EVP 04/25/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

MCAFEE, MATTHEW S Name: Name: MCAFEE, MATTHEW S 225 WATER STREET, SUITE 2020 ONE INDEPENDENT DRIVE, SUITE 1200 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32202 US

VD () Delete Title: (X) Change ( ) Addition Title: BROCKWELL, PAUL H Name: Name: CAMERLENGO, JOSEPH V

4741 ATLANTIC BLVD., SUITE D 644 CESERY BOULEVARD, SUITE 300 Address: Address: JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32211 US City-St-Zip: City-St-Zip:

Title: **PSD** () Delete Title: VTD (X) Change ( ) Addition DRIVER, GARY R DRIVER, JR., G. RAY Name: Name:

225 WATER STREET, SUITE 2020 ONE INDEPENDENT DRIVE, SUITE 1200 Address Address:

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VTD (X) Delete Title: () Change () Addition

CAMERLENGO, JOSEPH V Name: Name: Address: 4741 ATLANTIC BLVD., SUITE D Address: City-St-Zip: JACKSONVILLE, FL 32207 US 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. ٧ 04/25/2005