

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-25-2004 90039 032 ***150.00

DOCUMENT # P02000122904

1. Entity Name

INTERMARKON, INC.



Principal Place of Business

**10026 HIGHLAND WOODS
ORLANDO FL 32836**

Mailing Address

**PO BOX 617581
ORLANDO FL 32861**

66410850



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3724288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA AGENT SERVICES, INC.
92 SADBERRY ROAD
QUINCY FL 32351-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GARDEE, Y.M.	
STREET ADDRESS	PO BOX 617581	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDEE, F.Y.	
STREET ADDRESS	PO BOX 617581	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE	MR	<input type="checkbox"/> Delete
NAME	PARUK, N.S.	
STREET ADDRESS	PO BOX 617581	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDEE, F.J.	
STREET ADDRESS	PO BOX 617581	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARUK, S.E.	
STREET ADDRESS	PO BOX 617581	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8th APRIL 2004

Date

Daytime Phone #