



FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 017 ***150.00

2005 FOR PROFIT CORPORATION

20014534

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04-3724288				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
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 checked="" 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					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  02-14-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					