

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-14-2004 90046 015 ***150.00

DOCUMENT # P03000042399	
1. Entity Name INTERMET, INC.	

Principal Place of Business 1605 MAIN ST STE 1001 SARASOTA, FL 34236	Mailing Address 1605 MAIN ST STE 1001 SARASOTA, FL 34236
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66414788



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number 90-0068773	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A 1605 MAIN ST STE 1001 SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	FOSTER, DANNY L
STREET ADDRESS	7732 CASTLEISLAND DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D ☐ Delete
NAME	FOSTER, LOIS A
STREET ADDRESS	7732 CASTLEISLAND DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPAST ☒ Change ☐ Addition
NAME	FOSTER DANNY L.
STREET ADDRESS	7732 CASTLEISLAND DRIVE
CITY-ST-ZIP	SARASOTA, FLORIDA 34240
TITLE	DVPSAT ☒ Change ☐ Addition
NAME	FOSTER, LOIS A.
STREET ADDRESS	7732 CASTLEISLAND DRIVE
CITY-ST-ZIP	SARASOTA, FLORIDA 34240
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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)(f), 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: *Danny L. Foster* **DANNY L. FOSTER** April 12, 2004 941 378 1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #