

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 044 ***150.00

DOCUMENT # P05000055397

1. Entity Name
INTELLASERVICE MARKETING GROUP INC.



Principal Place of Business
**5311 EAST STATE RD. 60
DOVER, FL 33527**

Mailing Address
**P.O. BOX 701355
WABASSO, FL 32970**

50000431



2. Principal Place of Business - No P.O. Box #
5473 BOCA GRANDE CIR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 1103
Suite, Apt. #, etc.

03182008 Chg-P CR2E034 (12/06)

City & State
DOVER, FL

City & State
VALRICO, FL

4. FEI Number
20-2608844

Applied For
Not Applicable

Zip
33527

Country
USA

Zip
33595

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELATORE, PATRICIA A.
5311 EAST STATE RD. 60
DOVER, FL 33527**

7. Name and Address of New Registered Agent

Name
PATRICIA A DELATORE

Street Address (P.O. Box Number is Not Acceptable)
5473 BOCA GRANDE CIRCLE

City
DOVER

FL

Zip Code
33527

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 **Patricia A Delatore, Pres**
Signature, typed or printed name of registered agent and title if applicable

3-18-08
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **DELATORE, PATRICIA A.**
STREET ADDRESS **8850 US HWY 1, STE 314**
CITY-ST-ZIP **SEBASTIAN, FL 32976**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PS** ☒ Change ☐ Addition
NAME **DELATORE, PATRICIA A**
STREET ADDRESS **5473 BOCA GRANDE CIRCLE**
CITY-ST-ZIP **DOVER, FL 33527**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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: **Patricia A Delatore** **PATRICIA A DELATORE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

3-18-08 **813-917-3924**
Date Daytime Phone #