

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90266 015 ***150.00

DOCUMENT # P05000079081

1. Entity Name

INTELLICON-DC CORPORATION



Principal Place of Business

9231 SE PARKWAY DR.
HOBE SOUND FL 33455

Mailing Address

9231 SE PARKWAY DR.
HOBE SOUND FL 33455



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

35-2257430

Applied For

Not Applicable

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

LIEBER, MARY C.
9231 SE PARKWAY DR.
HOBE SOUND FL 33455

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, 2006 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	P	<input type="checkbox"/> Delete
NAME	LIEBER, MARY C.	
STREET ADDRESS	9231 SE PARKWAY DR.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIEBER, JOHN M.	
STREET ADDRESS	9231 SE PARKWAY DR.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEIN, ZBIGNIEW	
STREET ADDRESS	2611 NW 51 CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEIN, EWA	
STREET ADDRESS	2611 NW 51 CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9332 Sandy Run	
STREET ADDRESS	Jupiter Farms, FL	
CITY-ST-ZIP	33478	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9332 Sandy Run	
STREET ADDRESS	Jupiter Farms, FL	
CITY-ST-ZIP	33478	
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 exemptions contained in Section 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:

Mary Catherine Lieber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

561-575-2088

Date

Daytime Phone #