

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36694

FILED
Jul 01, 2004
Secretary of State

Entity Name: INTERVEST CAPITAL CORPORATION

Current Principal Place of Business:

7538 OLD CANTON RD
MADISON, MS 391108967 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2118
MADISON, MS 391108967

New Mailing Address:

FEI Number: 64-0693266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERKEURST, DUDLEY
3000 JOE ASHTON RD
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: NAIL, J. STEPHEN,
Address: PO BOX 2118
City-St-Zip: MADISON, MS 391302118

Title: DV () Delete
Name: DUDLEY, RODNEY H.,
Address: PO BOX 2118
City-St-Zip: MADISON, MS 391302118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN NAIL

CP

07/01/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date