

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36694

FILED  
Apr 16, 2009  
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 391308967

**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

**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 exemption stated 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 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: J STEPHEN NAIL

CP

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date