

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90190 020 \*\*\*150.00

<b>DOCUMENT # P94000041084</b> 1. Entity Name <b>INTERMARK DESIGN GROUP, INC.</b>			
Principal Place of Business <b>2340 COOLIDGE AVE ORLANDO, FL 32804 US</b>		Mailing Address <b>2340 COOLIDGE AVE ORLANDO, FL 32804 US</b>	
2. Principal Place of Business <b>4602 PARKWAY COMMERCIAL</b>		3. Mailing Address <b>4602 PARKWAY COMMERCIAL</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32808</b>		Zip <b>32808</b>	
Country <b>ORANGE</b>		Country <b>ORANGE</b>	
4. FEI Number <b>59-3246846</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, RICK 2340 COOLIDGE AVE ORLANDO, FL 32804</b>		7. Name and Address of New Registered Agent Name <b>RICK THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4602 PARKWAY COMMERCIAL BLVD.</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32808</b>	
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 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST THOMAS, RICK Q 325 BUTLER ST. WINDERMERE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowerments.			
SIGNATURE:		Date <b>4/21/04</b> Daytime Phone #	

34070031



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