

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032838

FILED
Apr 06, 2005
Secretary of State

Entity Name: INTERCAP, INC.

Current Principal Place of Business:

205 MYRTLE AVENUE SOUTH
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

205 MYRTLE AVENUE SOUTH
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3307665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATDORF, LINDA
205 MYRTLE AVENUE SOUTH
CLEARWATER, FL 33756 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: PDC () Delete
Name: CEFAIL, ROBERT E
Address: 4956 ORANGE GROVE WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: VSD () Delete
Name: CEFAIL, ANATOLA
Address: 4956 ORANGE GROVE WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: ZENTNER, MICHAEL
Address: P.O. BOX 3084 (NA)
City-St-Zip: HOLLYWOOD, CA 90078

Title: DV () Delete
Name: SPAGNOLA, JOHN
Address: 675 GULFVIEW BOULEVARD #204
City-St-Zip: CLEARWATER, FL 33767

Title: DT () Delete
Name: SPAGNOLA, ROSALYN
Address: 675 GULFVIEW BOULEVARD #204
City-St-Zip: CLEARWATER, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DV () Change (X) Addition
Name: BATDORF, LINDA
Address: 205 S. MYRTLE AVE.
City-St-Zip: CLEARWATER, FL 33756 US

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: ROBERT E. CEFAIL

PDC

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date