



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90031 045 ***150.00

DOCUMENT # P95000032838					
1. Entity Name INTERCAP, INC.					
Principal Place of Business 205 MYRTLE AVENUE SOUTH CLEARWATER, FL 33756 US			Mailing Address 205 MYRTLE AVENUE SOUTH CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box # 1940 RAINBOW DR Suite, Apt. #, etc.		3. Mailing Address 1940 RAINBOW DR Suite, Apt. #, etc.			
City & State CLEARWATER, FL Zip 33765 Country USA		City & State CLEARWATER FL Zip 33765 Country USA		4. FEI Number 59-3307665	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BATDORF, LINDA 205 MYRTLE AVENUE SOUTH CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City CLEARWATER FL Zip Code 33765		
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 <u>Linda Batdorf</u> DATE <u>4/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PDC <input type="checkbox"/> Delete NAME CEFAIL, ROBERT E STREET ADDRESS 4956 ORANGE GROVE WAY CITY-ST-ZIP PALM HARBOR, FL 34684	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 1940 RAINBOW DR. CITY-ST-ZIP CLEARWATER FL 33765				
TITLE VSD <input type="checkbox"/> Delete NAME CEFAIL, ANATOLA STREET ADDRESS 4956 ORANGE GROVE WAY CITY-ST-ZIP PALM HARBOR, FL 34684	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 1940 RAINBOW DR CITY-ST-ZIP CLEARWATER FL 33765				
TITLE DV <input type="checkbox"/> Delete NAME BATDORF, LINDA STREET ADDRESS 205 S. MYRTLE AVE. CITY-ST-ZIP CLEARWATER, FL 33756	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 1940 RAINBOW DR CITY-ST-ZIP CLEARWATER FL 33765				
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"/> 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"/> Delete 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 Chapter 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: <u>Linda Batdorf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/15/08</u>		Daytime Phone # <u>866 481 7193</u>