


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 009 ***150.00

DOCUMENT # P95000044785	
1. Entity Name INTT, INC.	

Principal Place of Business C/O JEROME R PENNIE 2856 SHADY OAK CT CLEARWATER FL 33761-2829 US	Mailing Address C/O JEROME R PENNIE 2856 SHADY OAK CT CLEARWATER FL 33761-2829 US
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2. Principal Place of Business  Mr Jerome Pennie 1372 Pine Ridge Cir E Apt G1 Tarpon Springs, FL 34688	3. Mailing Address  Mr Jerome Pennie 1372 Pine Ridge Cir E Apt G1 Tarpon Springs, FL 34688
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1st MOORE CR2E034 (10/05)

Zip	Country	Zip	Country
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4. FEI Number 65-0569690	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PENNIE, JEROME R 2856 SHADY OAK CT CLEARWATER FL 33761
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  Mr Jerome Pennie 1372 Pine Ridge Cir E Apt G1 Tarpon Springs, FL 34688 FL Zip Code


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNIE, JEROME R 2856 SHADY OAK COURT CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Mr Jerome Pennie 1372 Pine Ridge Cir E Apt G1 Tarpon Springs, FL 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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: Jerome R Pennie **Jerome R Pennie** 3-1-06 727-937-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #