


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000049991	
1. Entity Name INTER PAGE CORPORATION	

Principal Place of Business 7354 CENTRAL INDUSTRIAL DR., #110A RIVIERA BEACH, FL 33404	Mailing Address 7354 CENTRAL INDUSTRIAL DR., #110A SUITE 200 RIVIERA BEACH, FL 33404
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0590164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OWENS, FRANK J 11710 STONEHAVEN WAY WEST PALM BEACH, FL 33412

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OWENS, FRANK J 11710 STONEHAVEN WY WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GORDON, LAWRENCE A 5418 OAKMONT VILLAGE CIR. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRIE, JANET 5418 OAKMONT VILLAGE CIRCLE LAKE WORTH, FL 33463
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/05-80083-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>3/10/05</u> (261) 844-7900 <small>Daytime Phone #</small>
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