

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90004 041 ***150.00

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # P95000056362					
1. Entity Name INTERMEDIARY CONSULTANTS GROUP, INC.					
Principal Place of Business 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH, FL 33467 US			Mailing Address 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH, FL 33467 US		
2. Principal Place of Business 5801 Fountain Dr. S.		3. Mailing Address 5801 Fountain Dr. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 65-0593421	
Zip 33467		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CECCHINI, WALTER R. 1807 N. FLAGLER DR #439 WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name: Walter Cecchini R. Street Address (P.O. Box Number is Not Acceptable): 5801 Fountain Dr. S. City: Lake Worth FL Zip Code: 33467		
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>Walter R Cecchini Jr</u> WALTER R CECCHINI JR DATE: 3/9/04 <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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CECCHINI, WALTER R. 1801 N. FLAGLER DRIVE #439 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walter Cecchini R. 5801 Fountain Dr. S. Lake Worth, FL 33467	<input checked="" 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 empowered.					
SIGNATURE: <u>Walter R Cecchini Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/9/04 DAYTIME PHONE #: 561-304-3058		
WALTER R CECCHINI JR.					