

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094054

Entity Name: INTERTECH, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

5465 VERNA BLVD
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

5465 VERNA BLVD
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3349332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABIB, AMRO
3900 DUPONT CIRCLE
JACKSONVILLE, FL 32216 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: VP () Delete
Name: ECHEVERRIA, ALEJANDRO A
Address: 1492 BELLESHORE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: WALKER, EDWARD R
Address: 2769 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: JIMENEZ, ALFREDO A SR
Address: 4316 SAGE OAK COURT
City-St-Zip: JACKSONVILLE, FL 322771018

Title: S () Delete
Name: HABIB, AMRO K
Address: 3900 DUPONT CIRCLE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: WALKER, EDWARD R
Address: 318 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

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

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

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: AMRO HABIB

S

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date