


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000096228		
1. Entity Name INTELLIFORM CORPORATION		

FILED
12 NOV 26 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 555 W. GRANADA BLVD. SUITE B6 ORMOND BEACH, FL 32174	Mailing Address 555 W. GRANADA BLVD. SUITE B6 ORMOND BEACH, FL 32174
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



09262012 Chg-P CR2E034 (12/11)

4. FEI Number 59-3355991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MORRISON, WILLIAM T III 3 BARCELONA TRAIL ORMOND BEACH, FL 32174	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MORRISON, WILLIAM T III
STREET ADDRESS	3 BARCELONA TRAIL
CITY- ST- ZIP	ORMOND BEACH, FL 32174
TITLE	S <input type="checkbox"/> Delete
NAME	MORRISON, CANDACE D
STREET ADDRESS	3 BARCELONA TRAIL
CITY- ST- ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500241190965 <input type="checkbox"/> Addition
STREET ADDRESS	10/25/12--01039--012 **150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500241190965 <input type="checkbox"/> Addition
STREET ADDRESS	10/25/12--01039--013 **400.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500241190965 <input type="checkbox"/> Addition
STREET ADDRESS	11/26/12--01045--002 **200.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

NOV 27 2012
T. SCOTT

REINSTATEMENT 12

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: T. Scott 21 October 2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS