## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P96000050212

1. Entity Name INTERPACIFIC CAPITAL CORP.



Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90130 012 \*\*\*150.00

**FILED** 

Principal Place of Business

Mailing Address

4521 PGA BLVD

4521 PGA BLVD

DO NOT WRITE IN THIS SPACE

STE 283 PALM BEACH GARDENS, FL 33418 US

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## 01102005

No Chg-P

CR2E034 (10/03)

	FEI Number	
	65-0671496	
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Applied For Not Applicable

5.	Certificate	of	Status	Desired
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\$8.75 Additional

6.	Name	and Address	s of	<b>Current Re</b>	gistered	Agent

LUCE, DOUGLAS B 3144 CASSEEKEY ISLAND RD JUPITER, FL 33477

## DO NOT WRITE IN THIS SPACE

			III TIIIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	ent signatur	e required when reinstating)	DATÉ
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	ıĝ 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME Street Adoress City-St-Zip	D LUCE, DOUGLAS B 3144 CASSEEKEY ISLAND ROAD JUPITER, FL 33477				
TITLE NAME STREET ADORESS CITY-ST-ZIP	SECRETARY JIM MCCABE 4521 PGA BLVD SUITE PALM BEACH GARDENS,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this fit on this report or supplemental report is true a	ling does not qualify for the exempand accurate and that my signature	otion state	ed in Section 119.07(3 ave the same legal effe	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director

anomated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under doing that if an an officer or distret 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: