

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90013 046 ***150.00

DOCUMENT # P96000068000

1. Entity Name
INTECH COMMUNICATIONS GROUP, INC.



Principal Place of Business

13601 DANHURST WAY
JACKSONVILLE, FL 32224

Mailing Address

13601 DANHURST WAY
JACKSONVILLE, FL 32224



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3395250	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASSEY, RAY
13601 DANHURST WAY
JACKSONVILLE, FL 32224

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASSEY, L RAY,
STREET ADDRESS	13601 DANHURST WAY
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	T
NAME	PATRICIA H MASSEY
STREET ADDRESS	13601 DANHURST WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-04 904-220-0025