

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043069

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: INTERVAC DESIGN CORP.

**Current Principal Place of Business:**

2939 SW 42ND AVE.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

2939 SW 42ND AVE.  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 65-0764707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLSPKOHL, SUSAN  
2939 SW 42ND AVE.  
PALM CITY, FL 34990 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: SCHLAPKOHLL, SUSAN  
Address: 199 SHELTER LANE  
City-St-Zip: JUPITER, FL 33469

Title: P ( ) Delete  
Name: SCHLAPKOHL, PETER  
Address: 199 SHELTER LN  
City-St-Zip: JUPITER, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: SUSAN SCHLAPKOHL

VP

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date