

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078612

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: INTERSCAPE CORPORATION

## Current Principal Place of Business:

3301 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

1290 HOWARD TER. NW  
WINTER HAVEN, FL 33881 US

## Current Mailing Address:

6087 ALPENROSE AVE.  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 59-3377558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPLAN, HOWARD A  
6260 DUPONT STATION COURT, SUITE C  
JACKSONVILLE, FL 32217 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: D ( ) Delete  
Name: FRANK, RICHARD  
Address: 3301 SOUTH 3RD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FRANK, RICHARD  
Address: 1290 HOWARD TER. NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

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: ROBERT FRANK

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04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date