

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P9700Q097307

1. Entity Name

INTERCONTINENTAL ASSET PROTECTION
CORPORATION



Principal Place of Business

1205 MAYTOWN RD
OAK HILL, FL 32759-9103

Mailing Address

1205 MAYTOWN RD
OAK HILL, FL 32759-9103

DO NOT WRITE IN THIS SPACE



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3476918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURST, EDWARD ERLE
1205 MAYTOWN RD
OAK HILL, FL 32759-9103

**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

U00000078518
03/08/04-80030-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HURST, KAREN KIME
1205 MAYTOWN RD
OAK HILL, FL 327599103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HURST, EDWARD E
1205 MAYTOWN RD
OAK HILL, FL 327599103

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

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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)(j), 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:

Karen Kime Hurst Karen Kime Hurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04
Date

386-345-1958
Daytime Phone #