

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000108526

1. Entity Name
INTUITION SOLUTIONS, INC.



Principal Place of Business
**6430 SOUTHPOINT PARKWAY
SUITE 140
JACKSONVILLE, FL 32216**

Mailing Address
**6430 SOUTHPOINT PARKWAY
SUITE 140
JACKSONVILLE, FL 32216**



06102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3474149

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN HORN, JAMES H
6430 SOUTHPOINT PARKWAY
STE 140
JACKSONVILLE, FL 32216**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000162726
06/18/04-80003-013 550.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GRAHAM, DAVID**
STREET ADDRESS **6430 SOUTHPOINT PARKWAY SUITE 140**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D**
NAME **COLLIER, CLAUDE JR.**
STREET ADDRESS **6430 SOUTHPOINT PARKWAY SUITE 140**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D**
NAME **SETTLES, STEVEN R**
STREET ADDRESS **6430 SOUTHPOINT PARKWAY, SUITE 140**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **P**
NAME **VAN HORN, JAMES H**
STREET ADDRESS **6430 SOUTHPOINT PARKWAY, SUITE 140**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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)(i), 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: **JAMES H. VAN HORN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-421-7221