


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000034457 1. Entity Name INTRICATE INSTALLATION, INC.	
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Principal Place of Business 286 SW GEMINI GLN. FORT WHITE, FL 32038	Mailing Address 286 SW GEMINI GLN. FORT WHITE, FL 32038
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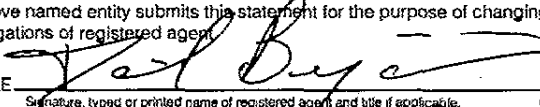
04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3504653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BENJAMIN, DAVID W 286 SW GEMINI GLN. FORT WHITE, FL 32038
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**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 	(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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000146958 05/03/04-80087-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENJAMIN, DAVE RT 1 BOX 2046 FT WHITE, FL 32038
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**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)(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 
