

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90355 008 \*\*\*158.75

**DOCUMENT # P98000088742**

1. Entity Name  
**INTERMED GAS PRODUCTS CORPORATION**



40050113

Principal Place of Business  
**4100 NORTH POWERLINE ROAD  
#U-4  
POMPAÑO BEACH, FL 33073**

Mailing Address  
**4100 NORTH POWERLINE ROAD  
#U-4  
POMPAÑO BEACH, FL 33073**

2. Principal Place of Business  
**20283 STATE ROAD 7  
SUITE 219  
BOCA RATON, FL.**

3. Mailing Address  
**20283 STATE ROAD 7  
SUITE 219  
BOCA RATON, FL.**



04122006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0874592**

Applied For  
Not Applicable

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

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

Zip  
**33498**

Country  
**USA**

Zip  
**33498**

Country  
**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURRAY, WILLIAM D  
4100 NORTH POWERLINE ROAD # U-4  
POMPAÑO BEACH, FL 33073**

Name  
**MURRAY, William D.**

Street Address (P.O. Box Number is Not Acceptable)  
**20283 STATE ROAD 7**

City  
**SUITE 219**

City  
**BOCA RATON**

FL

Zip Code  
**33498**

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 **William D. Murray Dir.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-12-06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MURRAY, WILLIAM D  
300 S.W. 66TH AVENUE  
MARGATE, FL 33068**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
LAING, MICHAEL  
11032 NW 70TH CT.  
POMPAÑO BEACH, FL 33076**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **William D. Murray William D. MURRAY DIR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-06 (561)483-1364**

Date

Daytime Phone #

# 3951