

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000033175

1. Entity Name
INTERTECHNICS, INC.



Principal Place of Business

24761 U.S. HWY 19 NORTH STE. 630
CLEARWATER, FL 33763

Mailing Address

24761 U.S. HWY 19 NORTH STE. 630
CLEARWATER, FL 33763



04102006 No Chg-P CP2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3570359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECKERT, ANDREAS F
24761 U.S. HWY 19 NORTH STE. 630
CLEARWATER, FL 33763

**DO NOT WRITE
IN THIS SPACE**

7. 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 of registered agent)

(Typed or printed name of agent signature is required unless waived)

(Date)

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

8. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ECKERT, ANDREAS F
24761 U.S. HWY 19 NORTH STE. 630
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAMBERLAIN, CATHI
24761 US HWY 19 N, STE 630
CLEARWATER, FL 33763

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

U00000544168
05/11/06-80024-024 150.00

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/27/06