

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000111687

1. Entity Name
INTERNATIONAL NETWORK GROUP, INC.



Principal Place of Business
11300 US HWY ONE
SUITE 400
NORTH PALM BEACH, FL 33408

Mailing Address
11300 US HWY ONE
SUITE 400
NORTH PALM BEACH, FL 33408

FILED

04 FEB -9 PM 4:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3621006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REYNOLDS, JOHN D
11300 US HWY ONE
SUITE 400
NORTH PALM BEACH, FL 33408

**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

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	REYNOLDS, JOHN D
STREET ADDRESS	11300 US HWY ONE STE 400
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	ST
NAME	CHASE, JEAN A
STREET ADDRESS	12335 76TH ROAD NO.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	VP
NAME	MACDERMOTT, MICHAEL
STREET ADDRESS	1400 OWL CREEK RANCH ROADS
CITY-ST-ZIP	ASPEN, CO 81611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800028661788
02/12/04--01038--007 **150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-04