




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90049 050 \*\*\*150.00

<b>DOCUMENT # S85012</b> 1. Entity Name <b>INTER FLORIDA CORPORATION</b>					
Principal Place of Business <b>940 NE 118TH STREET BISCAYNE, FL 33161 US</b>				Mailing Address <b>940 NE 118TH STREET BISCAYNE, FL 33161 US</b>	
2. Principal Place of Business <b>1590 DREW AVE, SUITE 200</b> Suite, Apt. #, etc. <b>DAVIS, CA 95616</b> City & State		3. Mailing Address <b>1590 DREW AVE, SUITE 200</b> Suite, Apt. #, etc. <b>DAVIS, CA 95616</b> City & State			
Zip 		Country 		03082004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0302391</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>JOSEPH, JIM</b> <input checked="" type="checkbox"/> Delete <b>5500 COLLINS AVE., TOWER TWO</b> <b>MIAMI BCH., FL</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>LEWIS, DONALD</b> <input type="checkbox"/> Delete <b>1480 DREW AVE. STE. 100</b> <b>DAVIS, CA 95616</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>MORTIMORE, SCOTT A</b> <input type="checkbox"/> Delete <b>1480 DREW AVE. STE. 100</b> <b>DAVIS, CA 95616</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>ALBIETZ, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>1480 DREW AVE. STE. 100</b> <b>DAVIS, CA 95616</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>SCOTT A MORTIMORE</b> <b>3-11-04</b> <b>530 758-9210</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					