

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S85012

1. Entity Name
INTER FLORIDA CORPORATION



Principal Place of Business
**1590 DREW AVE., STE 200
DAVIS, CA 95616 US**

Mailing Address
**1590 DREW AVE., STE 200
DAVIS, CA 95616 US**



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0302391

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

**CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION, FL**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEWIS, DONALD**
STREET ADDRESS **1590 DREW AVENUE, SUITE 200**
CITY-ST-ZIP **DAVIS, CA 95616**

TITLE **S**
NAME **SEABURY, MARY P**
STREET ADDRESS **1590 DREW AVENUE, SUITE 200**
CITY-ST-ZIP **DAVIS, CA 95616**

TITLE
NAME
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CITY-ST-ZIP

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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: MARY P. SEABURY 06/30/2006 530-758-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #