## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V28928

FILED Jan 11, 2005 Secretary of State

Entity Name: INTRON TECHNOLOGIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 4859 VICTOR STREET JACKSONVILLE, FL 32207 US **Current Mailing Address: New Mailing Address:** 4859 VICTOR STREET JACKSONVILLE, FL 32207 US FEI Number: 59-3118880 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINDSOR, JOANNE M WINDSOR, JOANNE M 5381 SKYLARK COURT 3673 DEER CROSSING PLACE JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 US 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. SIGNATURE: JOANNE M WINDSOR 01/11/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition WINDSOR, JOANNE M Name: Name: 5381 SKYLARK COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: ( ) Delete Title: Title: () Change () Addition WINDSOR, DOUGLAS DRY, DEN Name: Name: 5381 SKYLARK COURT Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M WNDSOR PD 01/11/2005