

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 746288

1. Entity Name
COMPLEX ONE OF INDIAN HARBOUR BEACH INDUSTRIAL PARK, INC.



Principal Place of Business
**C/O LITTLEFIELD AND WHITWORTH
 2800 AURORA RD., STE. C
 MELBOURNE, FL 32935-2096 US**

Mailing Address
**% LITTLEFIELD & WHITWORTH
 2800 AURORA RD., STE. C
 MELBOURNE, FL 32935-2096 US**



02152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1932186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NORTHCUTT, WILLIAM R
 2194 HWY A1A
 SUITE 306
 INDIAN HARBOR BEACH, FL 32937**

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRAY, GEOFFREY S 718 SEA PALM LN. SATellite BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACK, CURTIS 155 SEA PARK SATellite BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARKIN, STEVE 7555 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/20/08-80008-001 61.25

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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 617, 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: Steve Larkin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 08 321-254-8008
 Date Daytime Phone #