

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F25647

1. Entity Name
REGENCY CENTRE INVESTMENTS, INC.



Principal Place of Business

8202 CLEARVISTA PKWY
BLDG 1, SUITE F
INDOLS, IN 46256 US

Mailing Address

8202 CLEARVISTA PKWY
BLDG 1, SUITE F
INDOLS, IN 46256 US

FILED
-Feb 03, 2004 08:00 AM
Secretary of State



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2069019

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

LOPEZ, E. JOHN
1819 MAIN ST. SUITE 610
SARASOTA, FL 34236

**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

000000032118
02/04/04-80176-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POLAK, BRADLEY T
8202 CLEARVISTA PKWY #1F
INDIANAPOLIS, IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
POLAK, REBECCA
8202 CLEARVISTA PKWY #1F
INDIANAPOLIS, IN 46256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Bradley T. Polak
President

1-30-04

317-842-0600