


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N33773 1. Entity Name INTERSTATE LAKE INDUSTRIAL PARK OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O STEVE ALLEN 4023 SAWYER ROAD SARASOTA FL 34233		Mailing Address C/O STEVE ALLEN 4023 SAWYER ROAD SARASOTA FL 34233	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2965932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALLEN, STEVE 4023 SAWYER RD SARASOTA FL 37423	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete NAME: KLOSNER, J. RUSSELL STREET ADDRESS: 4023 SAWYER ROAD CITY-STATE-ZIP: SARASOTA FL 34233	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: <div style="text-align: center; font-weight: bold;"> U00000720866 05/01/07-80121-022 61.25 </div>
TITLE	PD <input type="checkbox"/> Delete NAME: ALLEN, STEPHEN T. STREET ADDRESS: 4023 SAWYER ROAD CITY-STATE-ZIP: SARASOTA FL 34233	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME: CONNORS, DOUG STREET ADDRESS: 4023 SAWYER RD CITY-STATE-ZIP: SARASOTA FL 34240	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input type="checkbox"/> Delete NAME: KLOSNER, JOHN D STREET ADDRESS: 4023 SAWYER RD CITY-STATE-ZIP: SARASOTA FL 34233	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/16/07