

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 005 ***150.00

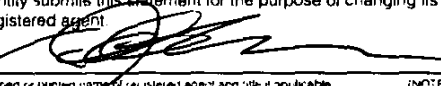
DOCUMENT # P06000088960		
1. Entity Name INDEPENDENCE MANUFACTURING, INC.		

Principal Place of Business 14638 AERIES WAY DRIVE FT MYERS, FL 33912	Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. PO DRAWER 60205 FORT MYERS, FL 33906
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2. Principal Place of Business - No P.O. Box # 15600 Old Wedgewood Ct	3. do JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906
Suite, Apt. #, etc.	
City & State Fort Myers FL	
Zip 33908	Country LEE

6. Name and Address of Current Registered Agent ROYSTON, JR., ESQ., ROBERT D COSTELLO, ROYSTON & POND 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907	
Name	
Street	JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907
City	

01182008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-5193551	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KNAPP, KEVIN 14638 AERIES WAY DRIVE FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KNAPP, LANA 14638 AERIES WAY DRIVE FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	239-872-7016 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	