

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 048 ***150.00

DOCUMENT # P97000002841

1. Entity Name

INLAND ENTERPRISES, INC.



Principal Place of Business

5506 SEABOARD AVE
JACKSONVILLE FL 32244
US

Mailing Address

5506 SEABOARD AVE
JACKSONVILLE FL 32244
US



2. Principal Place of Business

SAME

3. Mailing Address

SAME

1st MOORE

CR2E034 (10/05)

City & State

N/A

City & State

N/A

4. FEI Number

59-3426333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUTGENS, DAVID D
5506 SEABOARD AVE
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name STEVEN B. LUTGENS

Street Address (P.O. Box Number is Not Acceptable)

5506 SEABOARD AVE

City Jacksonville

FL

Zip Code 32244

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 STEVEN B. LUTGENS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4-18-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	LUTGENS, DAVID D	
STREET ADDRESS	5506 SEABOARD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	STEVEN B. LUTGENS	
STREET ADDRESS	5506 SEABOARD AVE	
CITY-ST-ZIP	JAX FL 32244	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DAVID D. LUTGENS	
STREET ADDRESS	5506 SEABOARD AVE	
CITY-ST-ZIP	JAX 32244	
TITLE	V.P. TREASURER	<input type="checkbox"/> Delete
NAME	GLENDA S. LUTGENS	
STREET ADDRESS	5506 SEABOARD AVE	
CITY-ST-ZIP	JAX 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: DAVID D. LUTGENS - Sec 4/18/06 (904) 7774823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #