2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002841

Entity Name: INLAND ENTERPRISES, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5506 SEABOARD AVE 5517 SEABOARD AVE

JACKSONVILLE, FL 32244 US JACKSONVILLE, FL 32244 US

Current Mailing Address: New Mailing Address:

5506 SEABOARD AVE 5517 SEABOARD AVE

JACKSONVILLE, FL 32244 US JACKSONVILLE, FL 32244 US

FEI Number: 59-3426333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUTGENS, STEVENS B 5506 SEABOARD AVE LUTGENS, STEVENS B 5517 SEABOARD AVE

JACKSONVILLE, FL 32244 US JACKSONVILLE, FL 32244 US

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.

SIGNATURE: 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LUTGENS, DAVID D
 Name:
 LUTGENS, DAVID D

 Address:
 5506 SEABOARD AVE
 Address:
 5517 SEABOARD AVE

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32244 US

Title: PCEO () Delete Title: PCEO (X) Change () Addition

 Name:
 LUTGENS, STEVEN B
 Name:
 LUTGENS, STEVEN B

 Address:
 5506 SEABOARD AVE
 5517 SEABOARD AVE

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32244 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LUTGENS, DAVID
 Name:
 LUTGENS, DAVID

 Address:
 5506 SEABOARD AVE
 Address:
 5517 SEABOARD AVE

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 JACKSONVILLE, FL 32244 US

Title: VPT () Delete Title: VPT (X) Change () Addition

 Name:
 LUTGENS, GLEONA
 Name:
 LUTGENS, GLENDA

 Address:
 5506 SEABOARD AVE
 Address:
 5517 SEABOARD AVE

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32244 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. LUTGENS S 04/28/2008