

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000025745

**Entity Name:** INDUPROP, INC.

**Current Principal Place of Business:**

1648 TAYLOR ROAD., #434  
PORT ORANGE, FL 32128

**Current Mailing Address:**

1648 TAYLOR ROAD., #434  
PORT ORANGE, FL 32128 US

**FEI Number:** 59-3451838

**Certificate of Status Desired:** No

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

DEAN MEAD SERVICES, LLC  
420 S. ORANGE AVENUE  
SUITE 700  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, CEO  
Name TRUILO, ROBERT  
Address P.O. BOX 250743  
City-State-Zip: DAYTONA BEACH FL 32125

Title D, V, S  
Name TRUILO, JULIA D  
Address P.O. BOX 250743  
City-State-Zip: DAYTONA BEACH FL 32125

Title D, V  
Name DAVIDSON, MARC L  
Address P.O. BOX 250743  
City-State-Zip: DAYTONA BEACH FL 32125

Title CFO, V, T  
Name KENDALL, DAVID R  
Address P.O. BOX 250743  
City-State-Zip: DAYTONA BEACH FL 32125

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT TRUILO**

**PRESIDENT**

**04/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date