2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 537736

1. Entity Name

INDUSTRIAL PARK DEVELOPMENT CORPORATION



Principal Place of Business

3600 VINELAND ROAD

SUITE 101

ORLANDO, FL 32811 US

Mailing Address

3600 VINELAND ROAD

SUITE 101

ORLANDO, FL 32811

US

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90099 005 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1784611

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKER, EARL M., JR. 334 E. DUVAL ST. JACKSONVILLE, FL 32202

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	named entity submits this statement for the putions of registered agent.	urpose of changing its registere	d office or r	egistored agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE				e réquired whên reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	rors			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST WEBB, WILLIAM C JR 1300 NW 167TH ST MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BARKER, EARL M., JR. 334 E. DUVAL ST. JACKSONVILLE, FL 32202	- 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, DANIEL B 3600 VINELAND RD., SUITE 101 ORLANDO, FL 32811		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 9 2007

404-253-0033

Date

Daytime Phone #