

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 620569

1. Entity Name
INDIANTOWN LAND, INC.



Principal Place of Business
19101 MYSTIC POINTE DR
SUITE 2708
N MIAMI BEACH, FL 33180 US

Mailing Address
C/O FEDDER & GARTEN
36 S. CHARLES ST. #2300
BALTIMORE, MD 21201



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2012032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, LYNNORE
19101 MYSTIC POINTE DR
SUITE 2708
N MIAMI BEACH, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARTEN, HERBERT S.
STREET ADDRESS 36 S CHARLES ST, SUITE 2300
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE STD
NAME MOSS, LYNNORE G.
STREET ADDRESS 19101 MYSTIC POINTE DR, #2708
CITY-ST-ZIP N MIAMI BEACH, FL 33180

TITLE VD
NAME GARTEN, MORRIS L
STREET ADDRESS 13222 TALISMAN ROAD
CITY-ST-ZIP REISTERSTOWN, MD 21136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000834764
02/29/08-80005-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/08 410 539 2800