

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 620569

Entity Name: INDIANTOWN LAND, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2012032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARTEN, HERBERT S.  
Address: 36 S CHARLES ST, SUITE 2300  
City-St-Zip: BALTIMORE, MD 21201

Title: STD ( ) Delete  
Name: MOSS, LYNNORE G.  
Address: 19101 MYSTIC POINTE DR, #2708  
City-St-Zip: N MIAMI BEACH, FL 33180

Title: VD ( ) Delete  
Name: GARTEN, MORRIS L  
Address: 13222 TALISMAN ROAD  
City-St-Zip: REISTERSTOWN, MD 21136

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HERBERT S. GARTEN

PD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date