

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000001159

1. Entity Name
INDISCRETIONS II, INC.



Principal Place of Business
**2764 LAKE SAHARA DR STE 111
LAS VEGAS, NV 89117**

Mailing Address
**2511 BLANDING BLVD
JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4975152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**R.D., VANSANDT P.
2511 BLANDING BLVD
JACKSONVILLE, FL 32210**

**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**

**0600000830913
02/26/08-80102-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SEYMOUR, MIKE
STREET ADDRESS	2511 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	PT
NAME	VANSANDT, R.L. P
STREET ADDRESS	2511 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Feb 8, 2008 904-389-3540

Date Daytime Phone #