


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
-Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F25647
 1. Entity Name
 REGENCY CENTRE INVESTMENTS, INC.



Principal Place of Business Mailing Address
 8202 CLEARVISTA PKWY 8202 CLEARVISTA PKWY
 BLDG 1, SUITE F BLDG 1, SUITE F
 INDOLS, IN 46256 US INDOLS, IN 46256 US

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2069019 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOPEZ, E. JOHN
 1819 MAIN ST. SUITE 610
 SARASOTA, FL 34236

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000032118
 02/04/04-80176-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLAK, BRADLEY T 8202 CLEARVISTA PKWY #1F INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLAK, REBECCA 8202 CLEARVISTA PKWY #1F INDIANAPOLIS, IN 46256
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bradley T. Polak* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04 317-842-0600
Date Davitts Phone #