


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90179 046 \*\*\*150.00

DOCUMENT # F25647			
1. Entity Name REGENCY CENTRE INVESTMENTS, INC.			
Principal Place of Business 8202 CLEARVISTA PKWY BLDG 1, SUITE F INDOLS, IN 46256 US		Mailing Address 8202 CLEARVISTA PKWY BLDG 1, SUITE F INDOLS, IN 46256 US	
2. Principal Place of Business 8202 Clearvista Pkwy Suite, Apt. #, etc. Suite 6F City & State Indpls, IN Zip 46256 Country Marion		3. Mailing Address Suite, Apt. #, etc. SAME City & State SAME Zip Country	
02182005		Chg-P	
CR2E034 (10/03)		4. FEI Number 59-2069019	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, E. JOHN 1819 MAIN ST. SUITE 610 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLAK, BRADLEY T 8202 CLEARVISTA PKWY #1F INDIANAPOLIS, IN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8202 Clearvista Pkwy, Suite 6F Indpls, IN 46256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLAK, REBECCA 8202 CLEARVISTA PKWY #1F INDIANAPOLIS, IN 46256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8202 Clearvista Pkwy, Suite 6F Indpls, IN 46256
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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: <u>Bradley T. Polak</u>		Date: _____ Daytime Phone #: 317-842-0600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50022213



02182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2069019 Applied For Not Applicable

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

LOPEZ, E. JOHN  
1819 MAIN ST. SUITE 610  
SARASOTA, FL 34236

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR