


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 046 ***150.00

DOCUMENT # H52841 1. Entity Name INTERSTATE FINANCIAL CORPORATION					
Principal Place of Business 222 CARPENTERS WAY LAKELAND, FL 33809			Mailing Address 323 HEATHERPOINT DRIVE LAKELAND, FL 33809		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1001 Carpenters Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc. H306			
City & State		City & State Lakeland, FL			
Zip	Country	Zip 33809	Country FL	4. FEI Number 59-2527747	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRADER, DANIEL D 323 HEATHERPOINT DR. LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name Daniel D. Strader Street Address (P.O. Box Number is Not Acceptable) 1001 Carpenters Way Apt. H306 City Lakeland FL Zip 33809		
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 _____ <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, 2007 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	PSD STRADER, DANIEL D 323 HEATHERPOINT DR. LAKELAND, FL 33809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Daniel D. Strader 1001 Carpenters Way H306 Lakeland, FL 33809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/07 Daytime Phone # 863-53-3816		