## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J91041282

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1. Entity Name

INDIAN CREEK DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

3446 MARINATOWN LANE N FORT MYERS, FL 33903

US

3446 MARINATOWN LANE N FORT MYERS, FL 33903

US

FILED Jan 14, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0014742

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOLIHAN, THOMAS P 6340 RIVER CLUB COURT N FT MYERS, FL 33917

## 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 Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		l.	
NAME	D HOOLIHAN, THOMAS P. PRES 6340 RIVER CLUB CT N. FT. MYERS, FL 33917		180	······································	
NAME STREET ADDRESS CITY-ST-ZIP	D HOOLIHAN, THOMAS JR. P VP 7200 COON ROAD N FORT MYERS, FL 33917	JUPAN T			U00000782943 01/15/08-80093-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME				٠	

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:

STREET ADDRESS
CITY-ST-7IP

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

/-//- OS 997.27//