2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L03434

1. Entity Name
INDIANTOWN INTEREST, INC.

Principal Place of Business	Mailing Address
875 SE MONTEREY COMMONS BLVD STUART, FL 34996 US	875 SE MONTEREY COMMONS BLVD STUART, FL 34996 US

DO NOT WRITE IN THIS SPACE

04162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0156625	Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 S FEDERAL HWY
STUART, FL 34994

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BRUNER, JAMES K.
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD
CITY-ST-ZIP	STUART, FL 34996

TITLE	DS
NAME	BRUNER, JEFFREY C.
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD
CITY-ST-ZIP	STUART, FL 34996

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000129519
04/26/04-80081-023 150.00

DO NOT WRITE
IN THIS SPACE

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: _____   4-19-04   (772) 283-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #