
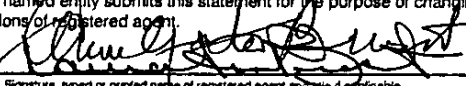
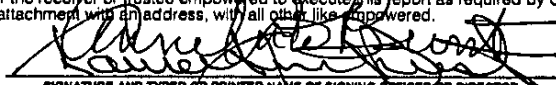


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

03-14-2005 90075 041 ***150.00

DOCUMENT # L04124 1. Entity Name INDIES LANDING, INC.																																									
Principal Place of Business 515 PARK AVE N. #122 116 WINTER PARK, FL 32789			Mailing Address 515 PARK AVE N. #122 116 WINTER PARK, FL 32789																																						
2. Principal Place of Business 515 Park Ave. North Suite, Apt. #, etc. # 116			3. Mailing Address 515 Park Ave. North Suite, Apt. #, etc. # 116																																						
City & State Winter Park FL			City & State Winter Park, FL																																						
Zip 32789		Country USA		4. FEI Number 59-2960897																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																					
6. Name and Address of Current Registered Agent BURST, ANNE YATES 1611 WALNUT AVE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																						
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:  6-29-05 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">V</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURST, LAURA A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1520 MAGNOLIA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CEO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURST, ANNE YATES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1611 WALNUT AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURST, CATHERINE K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2071 VENETIAN WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL</td> <td></td> </tr> </table> </div> </div>						TITLE	V	<input type="checkbox"/> Delete	NAME	BURST, LAURA A.		STREET ADDRESS	1520 MAGNOLIA AVE		CITY-ST-ZIP	WINTER PARK, FL		TITLE	CEO	<input type="checkbox"/> Delete	NAME	BURST, ANNE YATES		STREET ADDRESS	1611 WALNUT AVE		CITY-ST-ZIP	WINTER PARK, FL		TITLE	P	<input type="checkbox"/> Delete	NAME	BURST, CATHERINE K.		STREET ADDRESS	2071 VENETIAN WAY		CITY-ST-ZIP	WINTER PARK, FL	
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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:  6-29-05 (407) 740-8444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									