


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90454 018 ***150.00

DOCUMENT # M01524
 1. Entity Name
INDEPENDENCE VILLAGE, INC.



Principal Place of Business Mailing Address
GROVE AT LAKELAND SQUARE **GROVE AT LAKELAND SQUARE**
3570 US HWY 98 N **3570 US HWY 98 N**
LAKELAND, FL 33809 US **LAKELAND, FL 33809 US**

24073533



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2422880 Not Applicable

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

6. Name and Address of Current Registered Agent

BAXCAP REALTY SEMIA GROUP INC
GROVE AT LAKELAND SQUARE
3570 US HWY 98 N
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name
Baxcap Realty Services Group, Inc

Street Address (P.O. Box Numbers 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASTORINO, ROBERT		NAME <i>Jerome S. Rydell</i>	
STREET ADDRESS 3570 US HWY 98 N		STREET ADDRESS <i>3570 US Hwy 98 N.</i>	
CITY-ST-ZIP LAKELAND, FL 33809		CITY-ST-ZIP <i>Lakeland, FL 33809-3840</i>	
TITLE	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <i>J. Stephen Miller</i>	
STREET ADDRESS		STREET ADDRESS <i>3570 US Hwy 98 N.</i>	
CITY-ST-ZIP		CITY-ST-ZIP <i>Lakeland, FL 33809-3840</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *J. Stephen Miller* **4-28-04** **863-853-2882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #