

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N07009</b>                           |  |
| 1. Entity Name<br><b>INDIAN LAKES FOREST, INC.</b> |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br><b>P O BOX 61<br/>FLORAHOME, FL 32140</b> | Mailing Address<br><b>P O BOX 61<br/>FLORAHOME, FL 32140</b> |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



G3162006 No Chg-NP CR2E037 (11/05)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3015892</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent

**MERRILL, BEA  
228 INDIAN LAKES FOREST ROAD  
FLORAHOME, FL 32140**

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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 except the obligations of registered agent.

SIGNATURE *Bea Merrill* DATE 3-20-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

|                                                     |                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SCHRUPP, JEANETTE<br>174 INDIAN LAKES FOREST RD<br>FLORAHOME, FL 32140 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BENNETT, CECI<br>166 INDIAN LAKES FOREST RD<br>FLORAHOME, FL 32140    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MERRILL, BEA<br>228 INDIAN LAKES FOREST RD<br>FLORAHOME, FL 32140     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHRUPP, HOWARD<br>174 INDIAN LAKES FOREST RD<br>FLORAHOME, FL 32140   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MERRILL, RAYMOND<br>228 INDIAN LAKES FOREST RD<br>FLORAHOME, FL 32140  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |

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IN THIS SPACE**

100000478304  
04/07/06-80026-014 61.25

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 617, 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: *Bea Merrill* *Bea Merrill* Mar 20, 2006 386 659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR