

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N32572

1. Entity Name
INTERSTATE INDUSTRIAL PARK ASSOCIATION, INC.



Principal Place of Business
**3379 A SW 42ND AVE
PALM CITY, FL 34990**

Mailing Address
**P.O. BOX 2322
PALM CITY, FL 34991 US**

1100000487342
04/13/06-80073-023 61.25



DO NOT WRITE IN THIS SPACE

03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2997475

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E., III
555 COLORADO AVE
SUITE 1
STUART, FL 34994**

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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 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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAGI, AL
STREET ADDRESS	3379A SW 42ND AVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VD
NAME	CARR, FRANK
STREET ADDRESS	3313 SW 42 AVENUE
CITY-ST-ZIP	PALM CITY, FL
TITLE	STD
NAME	JAEGER, GERRY
STREET ADDRESS	3377 S.W. 42ND AVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

AL RAGI **AL RAGI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

Date

772-221-8188

Daytime Phone #