2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002961

FILED Jan 21, 2009 Secretary of State

Entity Name: INDEPENDENT DEVELOPMENT SERVICES CORPORATION

Current Principal Place of Business:		New Principal Place of Business:		
	LEGE PKWY			
SUITE 20	•			
FI. WIYER	RS, FL 33919			
Current N	Nailing Addre	ss:	New Mailing Add	ress:
	LEGE PKWY			
SUITE 20				
FI. WIT⊑P	RS, FL 33919			
FEI Numbei	r: 65-0592148	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	E, THOMAS LEGE PKWY			
	4 RS, FL 33919	US		
FT. MYEF The above	RS, FL 33919 e named entity		purpose of changing its regist	ered office or registered agent, or both,
FT. MYEF The above	RS, FL 33919		purpose of changing its regist	tered office or registered agent, or both,
FT. MYEF The above	RS, FL 33919 e named entity e of Florida.		purpose of changing its regist	tered office or registered agent, or both,
FT. MYER The above in the Stat	RS, FL 33919 In a named entity			tered office or registered agent, or both,
FT. MYER The above in the Stat SIGNATU	RS, FL 33919 In a named entity	submits this statement for the	ent	Date
FT. MYEF The above in the Stat SIGNATU OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro S AND DIRECTED D (REGELSKI, D.	submits this statement for the nic Signature of Registered Agentors:) Delete ANIEL LINKS DRIVE, BLDG 3, UNIT 7	ent	
FT. MYEF The above in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip:	e named entity e of Florida. RE: Electro S AND DIRECTOR D (REGELSKI, D. 12751 WESTL FT. MYERS, F	submits this statement for the nic Signature of Registered Agentors:) Delete ANIEL LINKS DRIVE, BLDG 3, UNIT 7	ent ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
FT. MYER The above in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name:	e named entity e of Florida. RE: Electro S AND DIRECTOR D (REGELSKI, D, 12751 WESTL FT. MYERS, F D (CLARK, LEST	submits this statement for the nic Signature of Registered Agenta CTORS:) Delete ANIEL .INKS DRIVE, BLDG 3, UNIT 7 L 33913) Delete ER	Tent ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition
FT. MYER The above in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e named entity e of Florida. RE: Electro S AND DIRECTOR D (REGELSKI, D. 12751 WESTL FT. MYERS, F D (CLARK, LEST 13099 US41 S	submits this statement for the nic Signature of Registered Agenta CTORS:) Delete ANIEL LINKS DRIVE, BLDG 3, UNIT 7 L 33913) Delete ER EE, STE 310	Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition
FT. MYER The above In the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Vame: Name: Address:	e named entity e of Florida. RE: Electro S AND DIRECTOR D (REGELSKI, D, 12751 WESTL FT. MYERS, F D (CLARK, LEST	submits this statement for the nic Signature of Registered Agenta CTORS:) Delete ANIEL LINKS DRIVE, BLDG 3, UNIT 7 L 33913) Delete ER EE, STE 310	Tent ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition
FT. MYEF The above in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	RS, FL 33919 e named entity e of Florida. RE: Electro S AND DIRECT D (REGELSKI, D, 12751 WESTL FT. MYERS, F D (CLARK, LEST 13099 US41 S FORT MYERS	submits this statement for the nic Signature of Registered Agenta CTORS:) Delete ANIEL LINKS DRIVE, BLDG 3, UNIT 7 L 33913) Delete ER EE, STE 310	Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition
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FT. MYEF The above in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	RS, FL 33919 e named entity e of Florida. RE: Electro S AND DIRECT D (REGELSKI, D, 12751 WESTL FT. MYERS, F D (CLARK, LEST 13099 US41 S FORT MYERS D (submits this statement for the nic Signature of Registered Agenta CTORS:) Delete ANIEL LINKS DRIVE, BLDG 3, UNIT 7 IL 33913) Delete ER SE, STE 310 IS, FL 33907) Delete ENDA DILY CIR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D Name: BOWEF	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WALLACE RA 01/21/2009