

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 022 ***150.00

DOCUMENT # P02000061427

1. Entity Name
INDEX TRADING SOLUTIONS, INC.



Principal Place of Business
**3859 WEKIVA SPRINGS RD, STE 315
LONGWOOD, FL 32779**

Mailing Address
**3859 WEKIVA SPRINGS RD, STE 315
LONGWOOD, FL 32779**

50061829



05202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0713041

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEARER, CHARLES F
126 TINDALE CIR
LONGWOOD, FL 32779**

**DO NOT WRITE
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

Charles F. Shearer **CHARLES F. SHEARER, PRES.**

5-20-05

Signature, typed or printed name of registered agent and job if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEARER, CHARLES F
STREET ADDRESS	PO BOX 915200
CITY- ST- ZIP	LONGWOOD, FL 32791
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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:

Charles F. Shearer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES F. SHEARER, PRES.

ATTACHMENT

#002-000061427

50061829

INDEX TRADING SOLUTIONS, INC.

3859 Wekiva Springs Road, Suite 315

Longwood, Florida 32779

Charles F. Shearer – President

407-862-5100 * 321-439-6340

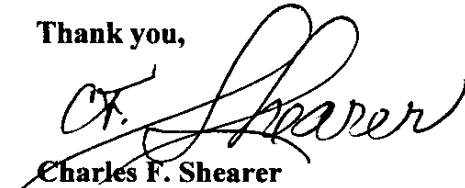
10 August 2005

**Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

The reason I am late on this fee payment is that I did not receive the notification of same on time and for that reason I request that the penalty of \$400.00 be waived.

I have inclosed the annual fee of \$150.00.

Thank you,


**Charles F. Shearer
President
Index Trading Solutions, Inc.**



ATTACHMENT
50061829

REC'D 27 JUL 05

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 19, 2005

INDEX TRADING SOLUTIONS, INC.
3859 WEKIVA SPRINGS RD, STE 315
LONGWOOD, FL 32779

SUBJECT: INDEX TRADING SOLUTIONS, INC.

Ref. Number: P02000061427

Thank you for your correspondence of July 8, 2005, which has been forwarded to me for response.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 705A00047396

ATTACHMENT
50061829
Division of Corporations

Annual Report

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Document Number

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Business Entity Name

INDEX TRADING SOLUTIONS, INC.

☒ After the first year, a late charge of \$100 is assessed, except in instances when the entity did not receive prior notice. You check this box if filing after a late charge assessment.

FEI Number

010713041

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

3859 WEKIVA SPRINGS RD, STE 315

Suite, Apt. #, etc.

City, State

LONGWOOD

FL

Zip Code & Country

32779

Mailing Address

Address

3859 WEKIVA SPRINGS RD, STE 315

Suite, Apt. #, etc.

City, State

LONGWOOD

FL

Zip Code & Country

32779

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SHEARER

CHARLES

F

-or- RA Business Name

Address (PO Box is not acceptable)

126 TINDALE CIR

Suite, Apt. #, etc.

City, State

LONGWOOD

FL

Zip Code & Country

32779

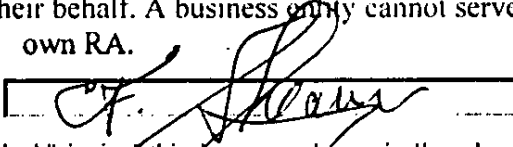
US

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

ATTACHMENT
#P02000041427

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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