

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000075571 1. Entity Name INDEPENDENCE DEVELOPMENT INCORPORATED	
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Principal Place of Business 4240 SW 11TH ST DEERFIELD BEACH, FL 33442	Mailing Address 4240 SW 11TH ST DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0632338	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, SCOTT B 4240 SW 11TH ST DEERFIELD BEACH, FL 33442

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SCOTT B 4240 SW 11TH ST DEERFIELD BEACH, FL 33442
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03/18/04-80005-017 150.00

**DO NOT WRITE
IN THIS SPACE**

I, _____, do hereby certify that the information furnished with this filing is true and correct. For the corporation stated in Section 10 or 11 of this report, 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: <u>Scott Taylor</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>3/15/04</u> Date	<u>954-427-0274</u> Daytime Phone #
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