

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90021 030 ***150.00

DOCUMENT # P03000079054

1. Entity Name
INNER DEVELOPMENT II, INC.



40037040

Principal Place of Business
5173 NW 43RD COURT
LAUDERDALE LAKES, FL 33319

Mailing Address
5173 NW 43RD COURT
LAUDERDALE LAKES, FL 33319

2. Principal Place of Business
11031 NW 21st PLACE
Suite, Apt. #, etc.

3. Mailing Address
11031 NW 21st PLACE
Suite, Apt. #, etc.

03092006 Chg-P CR2E034 (11/05)

City & State
CORAL SPRINGS FL
Zip
33071
Country
USA

City & State
CORAL SPRINGS FL
Zip
33071
Country
USA

4. FEI Number
20-00108344
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARR, LINDA
5173 NW 43RD COURT
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name
LESLIE FARR
Street Address (P.O. Box Number is Not Acceptable)
11031 NW 21st PLACE
City
CORAL SPRINGS FL Zip Code
33071

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARR, LINDA
5173 NW 43RD COURT
DAUDERDALE LAKES, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FARR, LESLIE
11031 NW 21ST PLACE
CORAL SPRINGS, FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LINDA FARR
5173 NW 43rd COURT
LAUDERDALE LAKES FL 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #