## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000145836

**Entity Name: INDIAN RUN DEVELOPMENT, INC.** 

( ) Delete

TOTH, DANIEL

4424 SW GAGNON ST

PT ST LUCIE, FL 34953

Name:

Address:

City-St-Zip:

FILED Jan 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8840 LONESOME PINE TRAIL FT PIERCE, FL 34945 **Current Mailing Address: New Mailing Address:** 8840 LONESOME PINE TRAIL FT PIERCE, FL 34945 FEI Number: 80-0090938 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: FARRELL, RICKEY L ESQ 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DIFRANCESCO, MICHAEL Name: Name: 8840 LONESOME PINE TRAIL Address: Address: City-St-Zip: FT PIERCE, FL 34945 City-St-Zip: Title: Title: () Change () Addition () Delete Name: GRIMES, TIMOTHY Name: 2529 N. INDIAN RIVER DRIVE Address: Address: FT PIERCE FLA, FL 34946 City-St-Zip: City-St-Zip: Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL DIFRANCESCO DP 01/25/2007