


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90318 014 ***150.00

DOCUMENT # P04000077462 1. Entity Name INDIAN CREEK LAND COMPANY																									
Principal Place of Business 6700 S. FLORIDA AVENUE, SUITE #1 LAKELAND, FL 33813			Mailing Address 6700 S. FLORIDA AVENUE, SUITE #1 LAKELAND, FL 33813																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 7220 Suite, Apt. #, etc.																							
City & State Zip		City & State Lakeland, FL Zip 33807		Country USA																					
4. FEI Number 34-1994976				Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent YELNICK, SUZANNE E 6700 S. FLORIDA AVENUE, SUITE #1 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																						
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: <u><i>Suzanne E Yelnick, President</i></u> DATE: <u>4/21/05</u> <small>(Signatures, typed or printed names of registered agent and officer or director are required.) (NOTE: Registered Agent signatures required unless exempted.)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td></td> <td>D YELNICK, SUZANNE E</td> <td>PO BOX 7220</td> <td>LAKELAND, FL 33807</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		D YELNICK, SUZANNE E	PO BOX 7220	LAKELAND, FL 33807		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td>President Suzanne E. Yelnick</td> <td>PO BOX 7220</td> <td>LAKELAND FL 33807</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		President Suzanne E. Yelnick	PO BOX 7220	LAKELAND FL 33807	
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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: <u><i>Suzanne E Yelnick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> SUZANNE E. YELNICK				Date: <u>4/21/05</u> Daytime Phone #: <u>863-647-5123</u>																					