


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000116339	
1. Entity Name INDIALANTIC BEACH PLAZA, INC.	


Principal Place of Business 901 S FEDERAL HWY SUITE 101 FT LAUDERDALE, FL 33316	Mailing Address 901 S FEDERAL HWY SUITE 101 FT LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE

FILED

07 MAY 10 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0551109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILKES, JOHN P
901 S FEDERAL HWY SUITE 101
FT LAUDERDALE, FL 33316

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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)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, WILLIAMS A 901 S FEDERAL HWY SUITE 101 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, COY 575 S WICKHAM ROAD SUITE E W MELBOURNE, FL 32904
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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 3/2/07 Daytime Phone #