

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90075 042 ***150.00

DOCUMENT # P04000151408

1. Entity Name
INDIES LANDING HOSPITALITY, INC.



Principal Place of Business

**515 PARK AVENUE N
SUITE 116
WINTER PARK, FL 32789 US**

Mailing Address

**515 PARK AVENUE N
SUITE 116
WINTER PARK, FL 32789 US**

40031359



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

116

Suite, Apt. #, etc.

116

City & State

City & State

Zip

Country

Zip

Country

03042005

Chg-P

CR2E034 (10/03)

4. FEI Number

87-0741636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURST, LAURA A
515 PARK AVENUE N
SUITE 116
WINTER PARK, FL 32789**

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

VP 3-3-05

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**P
BURST, LAURA A
515 PARK AVENUE N
WINTER PARK, FL 32789** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WOOD, CATHERINE B
515 PARK AVENUE N
WINTER PARK, FL 32789** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S T
BURST, ANNE Y
515 PARK AVENUE N
WINTER PARK, FL 32789** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: VP 3-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 7408444