

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0741636

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 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 **P**
NAME **BURST, LAURA A**
STREET ADDRESS **515 PARK AVENUE N**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000465084
03/22/06 00022-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 507, 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

3-7-06 407 740-8444

Date

Daytime Phone #