2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-02-2006 90183 037 ***150.00

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1. Entity Name
INDUSTRIAL REAL ESTATE & DEVELOPMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6401 WINKLER ROAD FORT MYERS, FL 33919	6401 WINKLER ROAD FORT MYERS, FL 33919

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2165 US Hwy 27 So	2165 US Hwy 27 So
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid FL	City & State: Lake Placid FL
Zip: 33852 Country: Highlands	Zip: 33852 Country: Highlands

4. FEI Number 42-1657169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATTREE, RUSSELL
~~6401 WINKLER ROAD~~ 2165 US Hwy 27 So
~~FORT MYERS, FL 33919~~ Lake Placid FL 33852

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ATTREE, RUSSELL 6401 WINKLER ROAD FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2165 US Hwy 27 So Lake Placid FL 33852	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/28/06 (863) 699-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #