## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000029458

**Entity Name: INDIALANTIC INVESTMENTS CORPORATION** 

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:		
975 SUNDROP COURT MARCO ISLAND, FL 341452339 US			
Current Mailing Address:	New Mailing Address:		
P.O. BOX 683 MARCO ISLAND, FL 341452339 US			
FEI Number: 59-3798779 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of	me and Address of New Registered Agent:	
PATAS, THOMAS C 975 SUNDROP COURT MARCO ISLAND, FL 342452339 US			
The above named entity submits this statement for the puin the State of Florida.	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).			

## OFFICERS AND DIRECTORS:

610 LOWER MICHIGAN ROAD

PITTSFIELD, VT 05762 US

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

610 LOWER MICHIGAN ROAD

PITTSFIELD, VT 05762 US

Title: ( ) Delete Title: (X) Change ( ) Addition PATAS, THOMAS C PATAS, THOMAS C Name: Name: 975 SUNDROP COURT Address: 975 SUNDROP COURT Address: City-St-Zip: MARCO ISLAND, FL 342452339 US City-St-Zip: MARCO ISLAND, FL 342452339 US Title: VΡ () Delete Title: OFFI (X) Change ( ) Addition EBY, EMMET EBY, EMMET Name: Name: Address: Address: 15 WILLIAMS WAY 15 WILLIAMS WAY ROCHESTER, MA 02770 US ROCHESTER, MA 02770 US City-St-Zip: City-St-Zip: Title: Title: **PRES** () Delete (X) Change ( ) Addition Name: PINS, TIMOTHY E Name: PINS, TIMOTHY E

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS C. PATAS OFFI 04/15/2009