2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000107192

1. Entity Name

INDIAN PASS LAGOON COMPANY



FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business

2817 INDIAN PASS ROAD PORT ST JOE, FL 32456

Mailing Address

2171 GLENCOE ROAD WINTER PARK, FL 32789-6034



DO	NOT	WRITE	IN	THIS	SPACE

04252007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

01-0841376 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WALKER, SEAN R 2171 GLENCOE ROAD WINTER PARK, FL 32789-6034

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chang the obligations of registered agent.	ing its registered office or registered agent, or both	in the State of Florida.	I am familiar with, and acc	ept
	,				
SI	SNATURE				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstation)		ATF	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000758386

OFFICERS AND DIRECTORS 10. PTD TITLE NAME WALKER, SEAN R 2171 GLENCOE ROAD STREET ADDRESS WINTER PARK, FL 327896034 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 postee 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 add

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07

Daytime Phone #