2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90556 002 ***150.00

DOCUMENT # P25700

1. Entity Name
INDIANA DESK COMPANY INC

Principal Place of Business	Mailing Address
P.O. BOX 270 1224 MILL STREET JASPER, IN 47546	P.O. BOX 270 1224 MILL STREET JASPER, IN 47546

DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
35-0408870
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONER, KIRBY
5364 ENRLICH ROAD #264
TAMPA, FL 33625

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V
NAME	KREMPP, KENNETH
STREET ADDRESS	1314 WILSON STREET
CITY-ST-ZIP	JASPER, IN
TITLE	V
NAME	ACKERMAN, BRET A
STREET ADDRESS	3152 BITTERSWEET DR
CITY-ST-ZIP	JASPER, IN 47546
TITLE	T
NAME	VERKAMP, GILBERT
STREET ADDRESS	1133 W. 14TH STREET
CITY-ST-ZIP	JASPER, IN
TITLE	D
NAME	CHAPPELL, JOHN
STREET ADDRESS	296 W 36TH STREET
CITY-ST-ZIP	JASPER, IN
TITLE	D
NAME	SCHNEIDER, PHILLIP
STREET ADDRESS	704 APPLEWOOD ROAD
CITY-ST-ZIP	HUNTINGBURG, IN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bret A. Ackerman 3-11-05 812 482-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bret A. Ackerman