2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25700

Entity Name: INDIANA DESK COMPANY INC

FILED Jun 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 270 1224 MILL STREET 1224 MILL STREET JASPER, IN 47546 JASPER, IN 47546 **New Mailing Address: Current Mailing Address:** P.O. BOX 270 1224 MILL STREET JASPER, IN 47546 FEI Number: 35-0408870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONER, KIRBY 7853 GUNN HWY 16 E TAMPA, FL 33626 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SLAYTON, RICHARD Name: Name: 1915 W 5TH AVE Address: Address: City-St-Zip: JASPER, IN City-St-Zip: Title: Title: () Delete () Change () Addition Name: ACKERMAN, BRET A Name: 3152 BITTERSWEET DR Address: Address: JASPER, IN 47546 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition VERKAMP, GILBERT Name: Name: 1133 W. 14TH STREET Address: Address: City-St-Zip: JASPER, IN City-St-Zip: Title: () Delete Title: () Change () Addition CHAPPELL, JOHN Name: Name: Address: 296 W 36TH STREET Address: City-St-Zip: JASPER, IN City-St-Zip: Title: Title: () Delete () Change () Addition SCHNEIDER, PHILLIP Name: Name:

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: BERNARD KREILEIN DOF 06/25/2009

704 APPLEWOOD ROAD

HUNTINGBURG, IN

Address: City-St-Zip: