
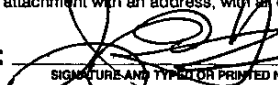


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90017 033 ***150.00

DOCUMENT # P95000068231 1. Entity Name TOWNE DEVELOPMENT OF INDIAN SHORES, INC.					
Principal Place of Business 710 NORTH PLANKINTON AVENUE SUITE #1200 MILWAUKEE, WI 53203			Mailing Address 710 NORTH PLANKINTON AVENUE SUITE #1200 MILWAUKEE, WI 53203		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 39-1831242	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete ZILBER, JOSEPH J 710 NORTH PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED LIST FOR ADDITIONAL OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WIGCHERS, ARTHUR W JR 710 N PLANKINTON AVE, #1200 MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV <input type="checkbox"/> Delete STEIN, GERALD M 710 N PLANKINTON AVE, #1200 MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV <input type="checkbox"/> Delete JANZ, JAMES F 710 N PLANKINTON AVE, #1200 MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input type="checkbox"/> Delete YOUNG, JAMES B 710 N PLANKINTON AVE, #1200 MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FV <input type="checkbox"/> Delete BRAUN, ROBERT E 710 N PLANKINTON AVE, STE 1000 MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			James B. Young, Vice President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 01/31/05 <small>Daytime Phone #</small> 414-274-2421		

40019418



01122005 Chg-P CR2E034 (10/03)

4. FEI Number
39-1831242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2005 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
D ☐ Delete
ZILBER, JOSEPH J
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
SEE ATTACHED LIST FOR ADDITIONAL OFFICERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☐ Delete
WIGCHERS, ARTHUR W JR
710 N PLANKINTON AVE, #1200
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV ☐ Delete
STEIN, GERALD M
710 N PLANKINTON AVE, #1200
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SRV ☐ Delete
JANZ, JAMES F
710 N PLANKINTON AVE, #1200
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S ☐ Delete
YOUNG, JAMES B
710 N PLANKINTON AVE, #1200
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FV ☐ Delete
BRAUN, ROBERT E
710 N PLANKINTON AVE, STE 1000
MILWAUKEE, WI 53203

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 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:

James B. Young, Vice President **01/31/05** **414-274-2421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40019418

TOWNE DEVELOPMENT OF INDIAN SHORES, INC.

DOCUMENT #P95000068231

Additional Directors/Officers:

V/AS

BENNETT, BRENDA C.
1000 SHOREWOOD DRIVE, #200
CAPE CANAVERAL, FL 32920

V

BORRIS, JAMES D.
710 N. PLANKINTON AVE., SUITE #1100
MILWAUKEE, WI 53203

V/T

CHEVALIER, STEPHAN J.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203

V

GRANDLICH, JOHN R.
710 N. PLANKINTON AVE., SUITE #1100
MILWAUKEE, WI 53203

V

KEARNEY, KITT E R.
8430 ENTERPRISE CIRCLE, SUITE #100
BRADENTON, FL 34202

V/AS

MADIGAN, MARK S.
710 N. PLANKINTON AVE., SUITE 1200
MILWAUKEE, WI 53203

AS

DeLISLE, SANDRA J.
710 N. PLANKINTON AVE., SUITE#1200
MILWAUKEE, WI 53203