2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jul 23, 2007 08:00 AM DOCUMENT # P96000092385 Secretary of State 1. Entity Name INDEPENDENCE PLAZA, INC. Principal Place of Business Mailing Address 2155 TAMIAMI TR. S 6404 MANATEE AVE. W VENICE FL 34293 **BRADENTON FL 34209** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 2nd MOORE CR2E034 (4/07) City & State City & State 4. FEI Number Applied For 65-0716785 Not Applicable Zip Country Zib Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNT, CURTIS W Street Address (P.O. Box Number is Not Acceptable) 6404 MANATEE AVE W. STE. E **BRADENTON FL 34209** City 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 Recestered Agent signature remoted when remainting) DATE FILE NOW!!! FEE 19 9550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007late fee. By checking this box, the corporation certifies it Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. HILE ☐ Delete TITLE ☐ Change Addition HUNT, INEZ F NAME NAME U00000769945 SIREEI ADDRESS 2200 BRIARWOOD STREET ADDRESS 07/23/07-80003-008 150.00 ARLINGTON TX 76013 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE HUNT, CURTIS W STREET ADDRESS 6404 MANATEE AVE W., STE. E STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34209 CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

signature: _______ Curtis W. Hurt 7/19/07 (941) 7140000

I hereby certify that the information supplied with this filing 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 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