


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 08:00 A
Secretary of State

DOCUMENT # P98000039620					
1. Entity Name INDEPENDENT A/C, INC.					
Principal Place of Business 108 SE 39TH TERRACE CAPE CORAL, FL 33904			Mailing Address 108 SE 39TH TERRACE CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0691801	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fec Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STILLER, SR, BERND H 108 S E 39TH TERRACE CAPE CORAL, FL 33904			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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STILLER, BERND H PRESIDE 108 SE 39TH TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000765501 06/01/07-80008-010 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLER, BERND H TRESSUR 108 SE 39TH TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>x Bernd Stiller</i>			05/17/07 239-549-2580		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



05172007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

\$8.75 Additional
Fec Required

FL

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06/01/07-80008-010 158.75

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