2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

DOCUMENT # P99000010444 1. Entity Name INDEPENDENT TRUSTEE, INC.					0	4-05-2005 90	058 006	***150.0	00
Principal Plac	e of Business	Mailing Address			_				
l	OOD RANCH BLVD.	8210 LAKEWOOD RAP Bradenton, FL 342	O LAKEWOOD RANCH BLVD. DENTON, FL 34202 US						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number		<u> </u>	Ap	plied For
Zip	Zip Country		Zip Country		65-0915 5. Certificate of			No. \$8.75 Add	ot Applicable
			<u> </u>	-				Fee Require	
 	6. Name and Address of Current	Hegistered Agent	N	lame	7. Name and A	ddress of New R	egisterea A	rgent	
BLALOCK, LANDERS, WALTERS AND VOGLER, P.A. 802 11TH STREET WEST			SI	Street Address (P.O. Box Number is Not Acceptable)					
BRADENT	ON, FL 34205								
)		•	С	City			FL	Zip Code	e
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.			<u>-</u>	stered agent, or both,	in the State of Flo		amiliar with	and accept
1	24Guardua* tybed by brittled units of redistrated adain i	and intellapplicable. (NO	ITE: Registered Age	ent signature requ	ured when reinstating)		DATE		
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After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Camp Trust Fund Cor	aign Financing ntribution.	g \$	55.00 May Be didded to Fees	HANGES TO OFF			
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12. I hereby cortify 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 attactment with an address, with all other like empowered.

SIGNATURE:

42/05 94/328/034

SIGNATURE: 41

MED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #