

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055822

Entity Name: INDRIO LAND COMPANY

FILED  
Jan 26, 2005  
Secretary of State

## Current Principal Place of Business:

3109 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1720 EL JOBEAN ROAD  
SUITE 204  
PORT CHARLOTTE, FL 33948

## Current Mailing Address:

POST OFFICE BOX 560114  
MIAMI, FL 332560114

## New Mailing Address:

POST OFFICE BOX 380129  
MURDOCK, FL 339380129

FEI Number: 65-0928971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAGLE, PETER B ESQ  
6701 SUNSET DR  
SUITE 103  
S MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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:

Title: PSD ( ) Delete  
Name: JONES, MICHAEL S  
Address: 3109 PONCE DE LEON BLVD.  
City-St-Zip: MIAMI, FL 33134

Title: VTD ( ) Delete  
Name: JONES, LINDA H  
Address: 3109 PONCE DE LEON BLVD.  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: JONES, MICHAEL S  
Address: 1720 EL JOBEAN ROAD, SUITE 204  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VTD (X) Change ( ) Addition  
Name: JONES, LINDA H  
Address: 1720 EL JOBEAN ROAD, SUITE 204  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MICHAEL S. JONES

P

01/26/2005

Electronic Signature of Signing Officer or Director

Date