2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001899

FILED Mar 04, 2008 Secretary of State

Entity Name: I-4 BUSINESS PARK CENTER AT PARK ROAD, INC.

Current Principal Place of Business: New Principal Place of Business:

16007 N FLORIDA AVE LUTZ, FL 33549 16009 N FLORIDA AVE LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

16007 N FLORIDA AVE LUTZ, FL 33549 16009 N FLORIDA AVE LUTZ, FL 33549

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHANNON, JEFFREY C 501 E KENNEDY BLVD STE 1700 TAMPA, FL 33602 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Agr

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 PRAHL, JOHN D
 Name:
 PRAHL, JOHN D

 Address:
 16007 N FLORIDA AVE
 Address:
 16009 N FLORIDA AVE

 City-St-Zip:
 LUTZ, FL 33549
 LUTZ, FL 33549

Title: STD () Delete Title: STD (X) Change () Addition Name: ROWE, ROBERT M Name: ROWE, ROBERT M

 Name:
 NowE, ROBERT M

 Address:
 16007 N FLORIDA AVE

 City-St-Zip:
 LUTZ, FL 33549

 City-St-Zip:
 LUTZ, FL 33549

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 CIEPLENSKI, ANASUASIA
 Name:

 Address:
 16007 N FLORIDA AVE
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M ROWE STD 03/04/2008