

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063605

Entity Name: INDIANTOWN COMPANY, INC.

FILED  
Feb 15, 2005  
Secretary of State

**Current Principal Place of Business:**

15851 SW FARMS ROAD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 397  
INDIANTOWN, FL 34956

**New Mailing Address:**

FEI Number: 65-0727275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POST, ROBERT M JR  
16001 SW MARKET STREET  
INDIANTOWN, FL 34956 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: PD ( ) Delete  
Name: POST, ROBERT M J  
Address: 16001 SW MARKET ST  
City-St-Zip: INDIANTOWN, FL

Title: VD ( ) Delete  
Name: LESLIE, JEFFREY S  
Address: 15925 SW WARFIELD BLVD  
City-St-Zip: INDIANTOWN, FL

Title: VSD ( ) Delete  
Name: POST, LINDA M  
Address: 16001 SW MARKET ST  
City-St-Zip: INDIANTOWN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT M. POST, JR.

PD

02/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date