

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 21, 2007  
Secretary of State**

DOCUMENT# P96000063605

Entity Name: INDIANTOWN COMPANY, INC.

**Current Principal Place of Business:**

15851 SW FARMS ROAD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

15925 S.W. WARFIELD BLVD  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P O BOX 397  
INDIANTOWN, FL 34956

**New Mailing Address:**

P O BOX 277  
INDIANTOWN, FL 34956

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:**

LESLIE, JEFFREY S  
15925 S.W. WARFIELD BLVD  
INDIANTOWN, FL 34956    US

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: JEFFREY S. LESLIE      09/21/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

Title: VD ( ) Delete  
Name: LESLIE, JEFFREY S  
Address: 15925 SW WARFIELD BLVD  
City-St-Zip: INDIANTOWN, FL 34956

Title: VSD ( ) Delete  
Name: POST, LINDA M  
Address: 16001 SW MARKET ST  
City-St-Zip: INDIANTOWN, FL 34956

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

Title: PD (X) Change ( ) Addition  
Name: LESLIE, JEFFREY S  
Address: 15925 S.W. WARFIELD BLVD  
City-St-Zip: INDIANTOWN, FL 34956

Title: VD (X) Change ( ) Addition  
Name: POST, LINDA M  
Address: 15925 S.W. WARFIELD BLVD  
City-St-Zip: INDIANTOWN, FL 34956

Title: SD (X) Change ( ) Addition  
Name: ABRAMSON, MICHAEL  
Address: 15925 S.W. WARFIELD BLVD.  
City-St-Zip: INDIANTOWN, FL 34956

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S. LESLIE      PD      09/21/2007  
Electronic Signature of Signing Officer or Director      Date