

# ANNUAL REPORT (AR)

**DOCUMENT # F9800006371**

1. Entity Name  
**INDEPENDENT TECHNOLOGIES, INC.**



**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business 11640 ARBOR STREET 100 OMAHA NE 68144	Mailing Address 11640 ARBOR STREET 100 OMAHA NE 68144
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
Zip	Country

4. FEI Number <b>47-0685933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SMITH, HANK**  
2835 N HWY A1A  
INDIALANTIC FL 32903

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	CP INGALSBE, DARYL E <input type="checkbox"/> Delete 11640 ARBOR STREET #100 OMAHA NE 68144
TITLE	VST O'DELL, TIMOTHY S <input type="checkbox"/> Delete 11640 ARBOR STREET #100 OMAHA NE 68144
TITLE	VPD SMITH, HENRY L <input type="checkbox"/> Delete 2835 N HWY A1A INDIALANTIC FL 32903
TITLE	V INGALSBE, DAVID L <input type="checkbox"/> Delete 11640 ARBOR STREET #100 OMAHA NE 68144
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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04/10/07-80026-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 attachment with an address, with all other like empowered.

**SIGNATURE:** *Timothy S O'Dell* **3/24/07** **4024964700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #