



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N22691 1. Entity Name INDIOS, INC.	
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Principal Place of Business 16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN, FL 34956	Mailing Address 16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN, FL 34956
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DO NOT WRITE IN THIS SPACE

	
01192004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2832745	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, COLLETTE
 14555 SW OSCEOLA STREET
 INDIANTOWN, FL 34956

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000158171 05/07/04-80010-022 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POWERS, COLETTE 14555 SW OSCEOLA DRIVE INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FARIAS, LEONEL 15747 SW 151ST STREET INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIEFKER, PAUL 15860 SW FAMEL AVENUE INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'LAUGHLIN, REV. FRANK 10935 S MILITARY TRAIL BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPLETON, EDWARD 15588 SW WARFIELD BLVD INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, SOCCORRO 15151 SW CHICKEE STREET INDIANTOWN, FL 34956

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: PAUL E. SIEFKER Date: 1/02/04 Daytime Phone #: 772-597-3838