

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 006 ***150.00

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02232005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000164419
 1. Entity Name
INDIGO STUDIOS AND FINE ART GALLERY INC.



Principal Place of Business
2361 QUEENSWOOD CIRCLE
KISSIMMEE, FL 34743

Mailing Address
2361 QUEENSWOOD CIRCLE
KISSIMMEE, FL 34743

2. Principal Place of Business
303 NORTH BAKER STREET
 Suite, Apt. #, etc.

3. Mailing Address
303 NORTH BAKER STREET
 Suite, Apt. #, etc.

City & State
MT. DORA, FL

City & State
MT. DORA, FL

Zip
32757 Country
LAKE

Zip
32757 Country
LAKE

4. FEI Number
20-1958387

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDER, ROBERT
501 E. JACKSON STREET, STE. 101
ORLANDO, FL 32801

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ELLIS, SCOTT A 2361 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ELLIS, SUSAN M 2361 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Susan M. Ellis **SUSAN M. ELLIS** 2/23/05 407-973-8061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #