


**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**



01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2832745	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**POWERS, COLLETTE
14555 SW OSCEOLA STREET
INDIANTOWN, FL 34956**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

U00000158171
05/07/04-80010-022 70.00

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL E. SIEFKER
V.P. 1/02/04 772-597-3838