

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22691

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: INDIOS, INC.

**Current Principal Place of Business:**

950 KANNER HWY A27  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

950 KANNER HWY A27  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 59-2832745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POWERS, COLETTE  
14555 SW OSCEOLA STREET  
INDIANTOWN, FL 34956 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POWERS, COLETTE,  
Address: 14555 SW OSCEOLA DRIVE  
City-St-Zip: INDIANTOWN, FL 34956

Title: STD ( ) Delete  
Name: FARIAS, LEONEL,  
Address: 15747 SW 151ST STREET  
City-St-Zip: INDIANTOWN, FL 34956

Title: VD ( ) Delete  
Name: SIEFKER, PAUL,  
Address: 15860 SW FAMEL AVENUE  
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete  
Name: O'LAUGHLIN, REV. FRA, NK  
Address: 10935 S MILITARY TRAIL  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: APPLETON, EDWARD,  
Address: 15588 SW WARFIELD BLVD  
City-St-Zip: INDIANTOWN, FL 34956

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: COLETTE POWERS

PRES

02/01/2008

Electronic Signature of Signing Officer or Director

Date