2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 285607

1. Entity Name
INDEEECO, INC.

Principal Place of Business
16656 SW WARFIELD HWY
PO BOX #8
INDIANTOWN, FL 34956 US

Mailing Address
P. O. BOX 8
INDIANTOWN, FL 34956 US

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1112153

Applied For
Not Applicable

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

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

SIEFKER, PAUL E
15860 S W FAMEL AVE
INDAINTOWN, 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIEFKER, PAUL E
STREET ADDRESS	15860 S.W. FAMEL AVE.
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	VSD
NAME	POWERS, COLETTE
STREET ADDRESS	15300 S.W. MYRTLE DR.
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	SD
NAME	SIEFKER, CLARIE
STREET ADDRESS	15860 S.W. FAMEL AVE.
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	VPD
NAME	STEPHEN P SIEFKER
STREET ADDRESS	15900 SW MORGAN ST
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	SD
NAME	BRIAN POWERS
STREET ADDRESS	14600 SW OSCEOLA ST
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80038-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: PAUL E. SIEFKER 1/11/06 772 597 2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #