

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 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**



03122007 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
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SIEFKER, PAUL E
15860 S.W. FAMEL AVE.
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
POWERS, COLETTE
15300 S.W. MYRTLE DR.
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SIEFKER, CLARIE
15860 S.W. FAMEL AVE.
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
STEPHEN P SIEFKER
15900 SW MORGAN ST
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BRIAN POWERS
14600 SW OSCEOLA ST
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000672716
03/28/07-80081-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

Paul E. Siefker **PAUL E. SIEFKER** 3/14/07 772-597-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #