
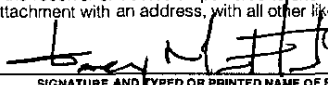


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90004 036 \*\*\*150.00

<b>DOCUMENT # F50659</b> 1. Entity Name <b>INDIGO COMMERCIAL REALTY INC.</b>					
Principal Place of Business <b>149-C SO RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809 US</b>			Mailing Address <b>149-C SO RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809 US</b>		
2. Principal Place of Business <b>1530 Cornerstone Blvd.</b>		3. Mailing Address <b>P.O. Box 10809</b>			
Suite, Apt. #, etc. <b>Ste: 100</b>		Suite, Apt. #, etc.			
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>		4. FEI Number <b>59-2174065</b>	
Zip <b>32117</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32120-0809</b>		Country <b>US</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>APGAR, ROBERT F 149-C S RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1530 Cornerstone Blvd., Ste. 100</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32117</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TEETERS, BRUCE W. 149 CS RIDGEWOOD AVE DAYTONA BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMUNN, WILLIAM H. 149-C S. RIDGEWOOD AVE. DAYTONA BCH., FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV APGAR, ROBERT F. 149-C S. RIDGEWOOD AVE. DAYTONA BCH., FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOOTHART, GARY J. 149-C S. RIDGEWOOD AVE. DAYTONA BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Gary Moothart, Secretary <b>2/6/04</b> 386-274-2202		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		