

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17620

Entity Name: INDICAR, INC.

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

3962 SW 6TH PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

3962 SW 6TH PLACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-2720425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDICOM, INC
3962 SW 6TH PL
GAINESVILLE, FL 32607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONWAY, CRAIG D
Address: 510 N NOVA RD
City-St-Zip: DAYTONA BCH, FL

Title: STVP () Delete
Name: MCKENNA, JOHN E
Address: 3962 SW 6TH PL
City-St-Zip: GAINESVILLE, FL

Title: BD () Delete
Name: CONWAY, JAMES D
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW 9325 R SCOTLAND UK,

Title: D () Delete
Name: CONWAY, ANNE
Address: 60 LANTERN ROAD
City-St-Zip: GLASGOW 9325 R SCOTLAND UK,

Title: D () Delete
Name: CONWAY, JAMES C
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW 9325 R SCOTLAND UK,

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

SIGNATURE: CRAIG D CONWAY

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date