

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H17620

1. Entity Name INDICAR, INC



FILED

2008 MAY 20 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

911 N DIXIE FREEWAY

Suite, Apt. #, etc.

3. Mailing Address

911 N DIXIE FREEWAY

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

NEW SMYRNA BEACH FL

City & State

NEW SMYRNA BEACH FL

4. FEI Number

59-2720425

Applied For

Not Applicable

Zip

32168

Country

VOLUSTIA

Zip

32168

Country

VOLUSTIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

911 N DIXIE FREEWAY

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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]

CRAIG D CONWAY REGISTERED AGENT PRESIDENT

5/16/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME CRAIG D CONWAY
STREET ADDRESS 911 N DIXIE FREEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE
NAME
STREET ADDRESS 600129971636
CITY-ST-ZIP 05/21/08--01002--005 **150.00

TITLE BD
NAME JAMES D CONWAY
STREET ADDRESS #7 145 KILMARNOCK ROAD
CITY-ST-ZIP GLASGOW SCOTLAND G413JA UK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ANNE CONWAY
STREET ADDRESS #7 145 KILMARNOCK ROAD
CITY-ST-ZIP GLASGOW SCOTLAND G413JA UK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JAMES C CONWAY
STREET ADDRESS 1314 E LAS OLAS BLVD #25
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

PDST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/08

Date

(386) 424-9000

Daytime Phone #

DO NOT WRITE
IN THIS SPACE