

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17620

Entity Name: INDICAR, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

911 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

911 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

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
911 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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: PSTD () Delete
Name: CONWAY, CRAIG D
Address: 911 N. DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: BD () Delete
Name: CONWAY, JAMES D
Address: #7 145 KILMARNOCK ROAD
City-St-Zip: GLASGOW SCOTLAND G413JA UK, FL

Title: D () Delete
Name: CONWAY, ANNE
Address: #7 145 KILMARNOCK ROAD
City-St-Zip: GLASGOW SCOTLAND G413JA UK,

Title: D () Delete
Name: CONWAY, JAMES C
Address: 1314 E. LAS OLAS BLVD., #25
City-St-Zip: FT LAUDERDALE, FL 33301

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:

I hereby certify that the information supplied with this filing does not qualify 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

PSTD

02/11/2009

Electronic Signature of Signing Officer or Director

Date