


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90022 035 \*\*\*158.75

<b>DOCUMENT # H23094</b> 1. Entity Name <b>INDIGO GROUP INC.</b>	
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Principal Place of Business <b>149-C SOUTH RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809 US</b>	Mailing Address <b>149-C SOUTH RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809 US</b>
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**54004719**

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>
Zip <b>32117</b>	Country <b>US</b>
Zip <b>32120-0809</b>	Country <b>US</b>



01222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2447230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>APGAR, ROBERT F 149 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114</b>	7. Name and Address of New Registered Agent 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>
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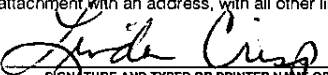
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCMUNN, WILLIAM H</b> <b>149 S. RIDGEWOOD AVE</b> <b>DAYTONA BEACH, FL 32114</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd., Ste. 100</b> <b>Daytona Beach, FL 32117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VDAS</b> <b>APGAR, ROBERT F</b> <b>149C SO RIDGEWOOD AVE</b> <b>DAYTONA BCH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd., Ste. 100</b> <b>Daytona Beach, FL 32117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>CRISP, LINDA</b> <b>149C SO RIDGEWOOD AVE</b> <b>DAYTONA BCH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del><b>1530 Cornerstone Blvd., Ste. 100</b></del> <b>Daytona Beach, FL 32117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>MOOTHART, GARY</b> <b>149-C S. RIDGEWOOD AVE.</b> <b>DAYTONA BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd., Ste. 100</b> <b>Daytona Beach, FL 32117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>TEETERS, BRUCE W.</b> <b>149-C S. RIDGEWOOD AVE.</b> <b>DAYTONA BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd., Ste. 100</b> <b>Daytona Beach, FL 32117</b>
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:**  **Linda Crisp, Secretary** **2/6/04** **386-274-2202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #