


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H23094 1. Entity Name INDIGO GROUP INC.	
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Principal Place of Business 1530 CORNERSTONE BLVD. STE. 100 DAYTONA BEACH, FL 32117 US	Mailing Address P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809 US
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2447230	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent APGAR, ROBERT F 1530 CORNERSTONE BLVD. STE. 100 DAYTONA BEACH, FL 32114

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMUNN, WILLIAM H 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS APGAR, ROBERT F 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISP, LINDA 1530 CORNERSTONE BLVD. STE. 100 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOOTHART, GARY 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEETERS, BRUCE W. 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000399390
02/01/06-80011-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **1/19/06** **386-274-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #