## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K66928

Entity Name

INDIGO PRODUCTIONS, INC.



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

9829 TERRACE TRAIL LANE TAMPA, FL 33637-5058 US Mailing Address

9829 TERRACE TRAIL LANE TAMPA, FL 33637-5058 US



04192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2932636

Applied For Not Applical

5: Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPRINGER, DAVID G 9829 TERRACE TRAIL LANE TAMPA, FL 33637-5058

## DO NOT WRITE IN THIS SPACE

| 8. The above                              | named entity submits this statement for the plans of registered agent.            | ourpose of changing its registere                    | d office or registered agent, or b         | oth, in the State of Florida. I am fami   | liar with, and acc                    |
|---|---|--|--|---|---------------------------------------|
| SIGNATURE                                 |   |  | Agent signature required when reinstating) | DATE                                      |                                       |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00                       | Election Campaign Finant<br>Trust Fund Contribution. | sing \$5.00 May Be Added to Fees           |   | · · · · · · · · · · · · · · · · · · · |
| 10, TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT DPT SPRINGER, DAVID G 9829 TERRACE TRAIL LANE TAMPA, FL 33637 | CTORS  |  |   | **                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     | DVS<br>SPRINGER, BELINDA C<br>9829 TERRACE TRAIL LN<br>TAMPA, FL 336375058        |  |  | •   |                                       |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |   |  | DO   | NOT WRITE                                 |                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   |  | IN   | THIS SPACE                                |                                       |
| NAME STREET ADDRESS CITY-ST-ZIP1.         | Liverse (14, 1), Liverse (14, 15, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18      | 65.) . B   |  |   | 50.00                                 |
| NAME STREET ADDRESS CITY-ST-ZIP           |   | erra e praesada                                      | 4.   |   | , sr                                  |
| 12. I hereby o                            | certify that the information supplied with this fi                                | iling does not qualify for the exe                   | motions contained in Chapter 1:            | 19 Florida Statutes I further certify the | hat the informatio                    |

2. 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 direct 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 changed, or on an attachment with an address, with an entire like empowered.