

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2004 90022 034 ***158.75

DOCUMENT # M74748

1. Entity Name
INDIGO INTERNATIONAL INC.



Principal Place of Business
**149-C S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114 US**

Mailing Address
**P O BOX 10809
DAYTONA BEACH, FL 32120-809 US**

54004720



2. Principal Place of Business
**1530 Cornerstone Blvd.
Suite, Apt. #, etc.
Ste. 100**

3. Mailing Address
**P O Box 10809
Suite, Apt. #, etc.**

01222004 Chg-P CR2E034 (10/03)

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

4. FEI Number
59-1777233

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip
32117 Country
US

Zip
32120-10809 Country
US

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
**APGAR, ROBERT F
149-C SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1530 Cornerstone Blvd., Ste. 100
City
Daytona Beach FL Zip Code
32117

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS APGAR, ROBERT F. 501 N. McDONALD AVENUE DELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 Ridgeway Blvd. DeLand, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMUNN, WILLIAM H. 3 SO. RAVENFIELD LANE ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISP, LINDA 217-SEMINOLE DRIVE ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOOTHART, GARY 3 BROADWATER DR ORMOND BCH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEETERS, BRUCE W 10 BROADRIVER RD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **Linda Crisp, Secretary** *2/6/04* **386-274-2202**

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