


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

|   |   |
|---|---|
| <b>DOCUMENT # M74748</b><br>1. Entity Name<br>INDIGO INTERNATIONAL INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>1530 CORNERSTONE BLVD<br>STE 100<br>DAYTONA BEACH, FL 32117 US | Mailing Address<br>P O BOX 10809<br>DAYTONA BEACH, FL 32120-809 US |
|---|--|



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1777233 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

APGAR, ROBERT F  
1530 CORNERSTONE BLVD  
SUITE 100  
DAYTONA BEACH, FL 32117

**DO NOT WRITE  
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 file 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          | DVAS                   |
| NAME           | APGAR, ROBERT F.       |
| STREET ADDRESS | 106 RIDGEWAY BLVD      |
| CITY-ST-ZIP    | DELAND, FL 32724       |
| TITLE          | DP                     |
| NAME           | MCMUNN, WILLIAM H.     |
| STREET ADDRESS | 3 SO. RAVENSFIELD LANE |
| CITY-ST-ZIP    | ORMOND BEACH, FL       |
| TITLE          | S                      |
| NAME           | CRISP, LINDA           |
| STREET ADDRESS | 217 SEMINOLE DRIVE     |
| CITY-ST-ZIP    | ORMOND BEACH, FL       |
| TITLE          | T                      |
| NAME           | MOOTHART, GARY         |
| STREET ADDRESS | 1304 MANDAN LANE       |
| CITY-ST-ZIP    | ORMOND BCH, FL 32174   |
| TITLE          | VD                     |
| NAME           | TEETERS, BRUCE W       |
| STREET ADDRESS | 3 BROADRIVER RD        |
| CITY-ST-ZIP    | ORMOND BEACH, FL 32174 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

U00000399560  
02/01/06-80018-001 158.75

**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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Crisp

Date

1/20/06

386-274-2202

Daytime Phone #