


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2004 90022 001 ***158.75

DOCUMENT # M74751 1. Entity Name INDIGO DEVELOPMENT INC.					
Principal Place of Business P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809			Mailing Address P.O. BOX 10809 DAYTONA BEACH, FL 32120-0809		
2. Principal Place of Business 1530 Cornerstone Blvd. Suite, Apt. #, etc. Ste. 100			3. Mailing Address P.O. Box 10809 Suite, Apt. #, etc.		
City & State Daytona Beach, FL			City & State Daytona Beach, FL		
Zip 32117		Country IIS		4. FEI Number 59-2911284	
32120-0809		IIS		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APGAR, ROBERT F. 149 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	DV TEETERS, BRUCE W. 149-C S. RIDGEWOOD AVE. DAYTONA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOOTHART, GARY 149 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISP, LINDA. 149-C S. RIDGEWOOD AVE. DAYTONA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMUNN, WILLIAM H. 149-C S. RIDGEWOOD AVE. DAYTONA BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD APGAR, ROBERT F 149-C S. RIDGEWOOD AVENUE DAYTONA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENEDICT, JOSEPH III 149 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 Cornerstone Blvd., Ste. 100 Daytona Beach, FL 32117	
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: <u>Linda Crisp</u> Linda Crisp, Secretary <u>2/6/04</u> 386-274-2202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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