

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000015417**

1. Entity Name

INDIGO ALLEY CORP.



Principal Place of Business  
290 OLD DIXIE HWY.  
VERO BEACH FL 32962

Mailing Address  
290 OLD DIXIE HWY.  
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0990502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRBY, CAROL A  
5755 GLEN EAGLE LN  
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME IRBY, CAROL A ☐ Delete  
STREET ADDRESS 5755 GLEN EAGLE LANE  
CITY - ST - ZIP VERO BEACH FL 32967

TITLE V  
NAME CHEYUNSKI, JOHN A ☐ Delete  
STREET ADDRESS 415 35TH CT. SW  
CITY - ST - ZIP VERO BEACH FL 32968

TITLE T  
NAME IRBY, KEVIN ☐ Delete  
STREET ADDRESS 5755 GLEN EAGLE LN  
CITY - ST - ZIP VERO BEACH FL 32967

TITLE S  
NAME CHEYUNSKI, SUSAN B ☐ Delete  
STREET ADDRESS 415 35TH COURT SW  
CITY - ST - ZIP VERO BEACH FL 32968

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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:** *Carol A. Irby* Carol A. Irby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04 772-569-8910

Date

Daytime Phone #