

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010087

Entity Name: INDIO SOFTWARE, INC.

FILED  
May 05, 2008  
Secretary of State

## Current Principal Place of Business:

1532 BAY WOODS RD.  
GULF BREEZE, FL 32563

## New Principal Place of Business:

## Current Mailing Address:

1532 BAY WOODS RD.  
GULF BREEZE, FL 32563

## New Mailing Address:

FEI Number: 59-3694192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATTLES, JAMES T  
1532 BAY WOODS RD.  
GULF BREEZE, FL 32563      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: BATTLES, JAMES T  
Address: 1532 BAY WOODS RD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D      ( ) Delete  
Name: RUIZ, VICTOR  
Address: 142 WILDFLOWER LANE  
City-St-Zip: PENSACOLA, FL 32514

Title: D      ( ) Delete  
Name: CASLOW, ROBERT L  
Address: 4328 SHILOH CHURCH ROAD  
City-St-Zip: AIKEN, SC 29805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. BATTLES

PRES

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date