


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000047953
 1. Entity Name
 INDIGITAL ARTS, INC.



Principal Place of Business Mailing Address
 11116 BELFAIR CT 11116 BELFAIR CT
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



06272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3723669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRINGER, ERIC J
 11116 BELFAIR CT
 JACKSONVILLE, FL 32256

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST STRINGER, ERIC J 11116 BELFAIR CT JACKSONVILLE, FL 32256
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06/29/05 80001-016 150.00

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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:  6/28/2005 904-620-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #