

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 005 ***150.00

DOCUMENT # P01000121111

1. Entity Name
INDCOM SALES & SERVICE, INC.



Principal Place of Business
**6363-1 GREENLAND RD
JACKSONVILLE, FL 32258**

Mailing Address
**PO BOX 600092
JACKSONVILLE, FL 32260**

400000076



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number
26-0005371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWARD, CHRISTOPHER M
5218 RIVER PARK VILLAS
SAINT AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent

Name
Howard, Rhonda W.

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

5218 River Park Villas

City **Saint Augustine** FL Zip Code **32092**

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 **Rhonda W. Howard, Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Rhonda W. Howard 1-507

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **HOWARD, CHRISTOPHER M**
STREET ADDRESS **5218 RIVER PARK VILLAS**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE **D** ☒ Delete
NAME **HOWARD, CHRISTOPHER M**
STREET ADDRESS **5218 RIVER PARK VILLAS**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **vice president** ☒ Change ☐ Addition
NAME **Christopher M. Howard**
STREET ADDRESS **5218 River Park Villas**
CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE **D** ☒ Change ☐ Addition
NAME **Rhonda W. Howard**
STREET ADDRESS **5218 River Park Villas**
CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Rhonda W. Howard**
CITY-ST-ZIP **5218 River Park Villas 32092**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Rhonda W. Howard**
CITY-ST-ZIP **5218 River Park Villas 32092**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Rhonda W. Howard**
CITY-ST-ZIP **5218 River Park Villas St. Augustine, FL 32092**

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

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: **Rhonda W. Howard** *Rhonda W. Howard* 1-507 904-880-7664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #