

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000069956

Entity Name: INDIGON TITLE, INC.

**FILED**  
**Aug 31, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

245 N OCEAN DR  
306  
DEERFIELD BEACH, FL 33441

## **New Principal Place of Business:**

## **Current Mailing Address:**

245 N OCEAN DR  
306  
DEERFIELD BEACH, FL 33441

## **New Mailing Address:**

FEI Number: 45-0480665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MISHCON, ADAM C  
2569 TIGERTAIL AVE.  
COCONUT GROVE, FL 33133 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

## **OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MISHCON, ADIAM  
Address: 2569 TIGERTAIL AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: OSBORN, SCOTT  
Address: 245 N OCEAN DR  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MISHCON, ADAM  
Address: 2569 TIGERTAIL AVE  
City-St-Zip: MIAMI, FL 33133

Title: DS (X) Change ( ) Addition  
Name: OSBORN, SCOTT  
Address: 245 N OCEAN DR, #306  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DVT ( ) Change (X) Addition  
Name: OSBORN, MICHAEL  
Address: 245 N OCEAN DR, #306  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADAM MISHCON

P

08/31/2005

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

\_\_\_\_\_  
Date