

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90004 002 ***150.00

DOCUMENT # P03000047716 1. Entity Name INDIGO INDUSTRIAL SALES AND SERVICE, INC.					
Principal Place of Business 8001 SANTANA AVENUE FORT PIERCE, FL 34951			Mailing Address 8001 SANTANA AVENUE FORT PIERCE, FL 34951		
2. Principal Place of Business 3467 ROCKY GAP PLACE Suite, Apt. #, etc.		3. Mailing Address 613 RT 219 Suite, Apt. #, etc.			
City & State Cocoa FL		City & State LEEDS ME		4. FEI Number 83-0358505	
Zip 32926		Country BEVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 04263		Country ANDROSCOGGIN		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent APRANDINI, CHRISTOPHER 8001 SANTANA AVENUE FORT PIERCE, FL 34951			7. Name and Address of New Registered Agent Name APRANDINI, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 3467 ROCKY GAP PLACE City Cocoa FL Zip Code 32926		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, RUSSELL F JR. 762 ROWELYN AVENUE SHEFFIELD LAKE, OH 44054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, GREGORY M 613 ROUTE 219 LEEDS, ME 04263	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Gregory M. Turner _____ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/5/04 Daytime Phone # 207-524-2335		