

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047716

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** INDIGO INDUSTRIAL SALES AND SERVICE, INC.

**Current Principal Place of Business:**

3467 ROCKY GAP PLACE  
COCOA, FL 32926

**New Principal Place of Business:**

812 CHAMBERLAIN LOOP  
LAKE WALES, FL 33853

**Current Mailing Address:**

PO BOX 365820  
VERO BEACH, FL 32965 US

**New Mailing Address:**

812 CHAMBERLAIN LOOP  
LAKE WALES, FL 33853 US

**FEI Number:** 83-0358505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APRANDINI, CHRISTOPHER  
3467 ROCKY GAP PLACE  
COCOA, FL 32926 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: TURNER, GREGORY M  
Address: 613 ROUTE 219  
City-St-Zip: LEEDS, ME 04263

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

Title: D (X) Change ( ) Addition  
Name: TURNER, GREGORY M  
Address: 812 CHAMBERLAIN LOOP  
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY M TURNER

PRES

04/13/2006

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

\_\_\_\_\_  
Date