

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90027 048 ***150.00

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| DOCUMENT # P03000091856 1. Entity Name INDRIO ASSOCIATES, INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3804 JONATHANS WAY BOYNTON BEACH, FL 33426 | | Mailing Address 3804 JONATHANS WAY BOYNTON BEACH, FL 33426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1396 EPPINGER DR Suite, Apt. #, etc. | 3. Mailing Address PO Box 496487 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State PORT CHARLOTTE, FL | | City & State PORT CHARLOTTE, FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33953 | Country CHARLOTTE | Zip 33949 | Country CHARLOTTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 65-1207911 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MASON, KAREN A 3804 JONATHANS WAY BOYNTON BEACH, FL 33426 | | 7. Name and Address of New Registered Agent Name KAREN A MASON Street Address (P.O. Box Number is Not Acceptable) 1396 EPPINGER DR City PORT CHARLOTTE FL Zip Code 33953 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u><i>Karen Mason</i></u> 3-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PST MASON, KAREN A 3804 JONATHANS WAY BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST MASON, KAREN A 3804 JONATHANS WAY BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete | | | | | | | | | | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> 1396 EPPINGER DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORT CHARLOTTE, FL 33953 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1396 EPPINGER DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORT CHARLOTTE, FL 33953 | | | | | | | | | | | | | | |
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| 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: <u><i>Karen Mason</i></u> 3-1-06 941 204 7352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |