2007 FOR PROFIT CORPORATION ANNUAL REPORT

6/

FILED
Jul 11, 2007 8:00 am
Secretary of State

06-22-2007 90001 025 ***150.00

DOCUMENT # P04000048555

1. Entity Name
INDYCAL INC.

Principal Place of Business	Mailing Address
8815 CONROY-WINDERMERE RD #359 ORLANDO, FL 32835	8815 CONROY-WINDERMERE RD #359 ORLANDO, FL 32835

66020248

06192007 Chg-P CR2E034 (12/06)

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

4. FEI Number ~~APPLIED FOR~~ 20-0875065 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OBRIG, ELWOOD M 700 ALMOND ST. CLERMONT, FL 34712	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDANIEL, JASON D 8815 CONROY-WINDERMERE RD #359 ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDANIEL, CATHERINE C 8815 CONROY-WINDERMERE RD #359 ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Cat C McD 4/30/07 407-403 5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66020248
#P04000048555

View Check PRINT CLOSE

Front of Check

INDYCAL INC
6815 CONROY WINDERMERE RD #359
ORLANDO, FL 32835

CENTERSTATE BANK OF FL. NA
LAKE ALFRED OFFICE
LAKE ALFRED, FLORIDA 33850
63-1403/631

0916

4/30/07

40121426

PAY TO THE ORDER OF Florida Department of State $ 150.00

One hundred fifty dollars and No/100 — DOLLARS

Void after 90 days

Indycal Inc - P04000048555 Cathy McDaniel

[redacted]

Back of Check

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009088798
JUN 22 2007

[redacted]

Bank of America, N.A.
06/25/07
6649167965

* DID NOT RECEIVE PRIOR NOTICE REGARDING MY ANNUAL REPORT -

FEE TO FILE $150 - pd already
Please see copy of check.
Thank you.
Cathy McDaniel

7/6/07

ATTACHMENT
66020248

DIVISION OF CORPORATIONS

I DID NOT RECEIVE PRIOR NOTICE TO FILE ON THE FOLLOWING ENTITIES.

P04000048555 INDYCAL INC
P06000118419 CATHERINE MCDANIEL PA

PLEASE WAIVE THE LATE FEE AND PROCESS THESE REPORTS. MY PAYMENT HAS ALREADY CLEARED THE BANKS. CHECKS ATTACHED.

THANK YOU
Cathy McDaniel