

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 006 ***150.00

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02232005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000164419 1. Entity Name INDIGO STUDIOS AND FINE ART GALLERY INC.			
Principal Place of Business 2361 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743		Mailing Address 2361 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743	
2. Principal Place of Business 303 NORTH BAKER STREET Suite, Apt. #, etc.		3. Mailing Address 303 NORTH BAKER STREET Suite, Apt. #, etc.	
City & State MT. DORA, FL		City & State MT. DORA, FL	
Zip 32757		Zip 32757	
Country LAKE		Country LAKE	
4. FEI Number 20-1958387		<input type="checkbox"/> Applied For <input checked="" 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 LINDER, ROBERT 501 E. JACKSON STREET, STE. 101 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> <div style="width: 10%; text-align: right;"> DATE _____ </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	NAME ELLIS, SCOTT A	<input type="checkbox"/> Delete	
STREET ADDRESS 2361 QUEENSWOOD CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL 34743			
TITLE VP/D	NAME ELLIS, SUSAN M	<input type="checkbox"/> Delete	
STREET ADDRESS 2361 QUEENSWOOD CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL 34743			
TITLE T	NAME ELLIS, SUSAN M	<input type="checkbox"/> Delete	
STREET ADDRESS 2361 QUEENSWOOD CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL 34743			
TITLE S	NAME ELLIS, SCOTT A	<input type="checkbox"/> Delete	
STREET ADDRESS 2361 QUEENSWOOD CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL 34743			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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: <u>Susan M. Ellis</u> SUSAN M. ELLIS <u>2/23/05</u> <u>407-973-8061</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			