

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-22-2007 90001 024 ***150.00

6/

66020247



06192007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5540135** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDANIEL, CATHERINE C
8815 CONROY-WINDERMERE ROAD
#359
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

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 re-registering)

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

TITLE	PTS	☐ Delete
NAME	MCDANIEL, CATHERINE C	
STREET ADDRESS	8815 CONROY-WINDERMERE ROAD, #359	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Catherine C. Mcdaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

407-403-5659

Daytime Phone #

View Check

Front of Check

ATTACHMENT
66020247
#P06000118419

PRINT CLOSE

INDYCAL INC 8815 CONROY WINDERMERE RD #350 ORLANDO, FL 32835	CENTERSTATE BANK OF FL, NA LAKE ALFRED OFFICE LAKE ALFRED, FLORIDA 33850 83-1403/631	0918 40121427 4/30/07
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PAY TO THE ORDER OF Florida Department of State \$ 150.00
one hundred fifty dollars and No/100 - DOLLARS 

Valid after 90 days

Catherine Cmcganice
 #P06000118419

Cate Cmcganice

Back of Check

X
ENDORSE HERE

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1008088788

DO NOT SIGN BELOW THIS LINE
JUL 22 2007

BANK OF AMERICA NA, INC.
MEMPHIS, TN 38104 94 995
06/25/07
6640167964

DID NOT RECEIVE PRIOR NOTICE
FOR ANNUAL REPORT

Fee To File \$150 - pd already
Please see copy of check.

Thank you.

Cate Cmcganice

7/6/07

ATTACHMENT

66020247

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

