

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 005 ***150.00

DOCUMENT # P06000132431

1. Entity Name
INDIGO BEE, INC.



Principal Place of Business
6201 SOUTH ELBERON STREET
TAMPA, FL 33611

Mailing Address
6201 SOUTH ELBERON STREET
TAMPA, FL 33611

40108546



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FE Number

22-3944489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name TRISTA PAGE

Street Address (P.O. Box Number is Not Acceptable)
6201 S. ELBERON ST.

City TAMPA

FL

Zip Code 33611

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]

TRISTA H PAGE

4-24-07

(Signature and/or printed name of registered agent and fee applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
PAGE, TRISTA
6201 SOUTH ELBERON STREET
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
PAGE, CHRISTOPHER
6201 SOUTH ELBERON STREET
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trista Page, President

4-24-07

813-805-2460

Date

Daytime Phone #