


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000132431 1. Entity Name INDIGO BEE, INC.	
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Principal Place of Business 6201 SOUTH ELBERON STREET TAMPA, FL 33611	Mailing Address 6201 SOUTH ELBERON STREET TAMPA, FL 33611
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04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3944489	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 PAGE, TRISTA 6201 S. ELBERON ST. TAMPA, FL 33611	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PAGE, TRISTA 6201 SOUTH ELBERON STREET TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAGE, CHRISTOPHER 6201 SOUTH ELBERON STREET TAMPA, FL 33611
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**DO NOT WRITE
IN THIS SPACE**

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, or a person 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: *Trista Page* **SIGNATURE AND TYPE** **NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *8/3-805-2460* **Daytime Phone #**