

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90031 030 \*\*\*550.00

**DOCUMENT # P96000092561**

1. Entity Name  
THE INDIGO ROOM, INC.



Principal Place of Business  
4060 ELLIS ROAD  
FORT MYERS, FL 33905

Mailing Address  
4060 ELLIS ROAD  
FORT MYERS, FL 33905

**50059172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0715065

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

7. Name and Address of New Registered Agent

AULEN, RAIMOND  
4060 ELLIS ROAD  
FORT MYERS, FL 33905

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-26-2005**

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME AULEN, RAIMOND  
STREET ADDRESS 4060 ELLIS ROAD  
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE V ☒ Delete  
NAME PRITCHARD, DEBORAH  
STREET ADDRESS 2858 MCGREGOR BLVD.  
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE S ☒ Delete  
NAME HOFMYER, AARON  
STREET ADDRESS 1411 N LAKWOOD 58  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE T ☒ Delete  
NAME TILDEN, LINDSEY  
STREET ADDRESS 2271 1ST ST., APT. #3  
CITY-ST-ZIP FT. MYERS, FL 33901

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 VICE PRESIDENT ☐ Change ☒ Addition  
NAME CHRISTINA TIGHE  
STREET ADDRESS 2219 MAIN ST.  
CITY-ST-ZIP FT. MYERS, FL 33901

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

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

TITLE ☐ Change ☐ Addition  
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**7-26-2005**

Date

Daytime Phone #

**239-265-4444**