2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21, 2005 8:00 am **DOCUMENT # P98000082153 Secretary of State** 1. Entity Name 03-21-2005 90098 002 ***150.00 DAYTONA INDIGO, INC. Principal Place of Business Mailing Address 2352 PGA BLVD 2352 PAA BLVD PALM BEACH GARDENS FL 83410 PALM BEACHLOARENS FL 50028399 2. Principal Place of Business 5901 TOBEWAY Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/04) 1st MOORE Applied For 4. FEI Number 65-0865532 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMPSE) BUBIS, HOWARD M 2352 PGA BLVD Street Address IDEWA PALM BEACH GARDENS: FL 33410 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 DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE Delete TITLE Change ☐ Addition BUBIS, HOWARD M NAME NAME STREET ADDRESS 2352 PGA BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP THE **DVPS** Addition ☐ Detete TITLE DDEMPSEX 5901 TIDEWATER Dr NAME DEMPSEY, DENNIS NAME STREET ADDRESS 2352 PGA BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED