## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # 146152**

1. Entity Name

INDIAN RIVER EXCHANGE PACKERS, INC.



Principal Place of Business Mailing Address

7355 S.W. 9TH STREET VERO BCH, FL 32968

7355 S.W. 9TH STREET VERO 8CH, FL 32968

## **FILED** Mar 15, 2004 08:00 AM Secretary of State



03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-0555351 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HAMNER, GEORGE F JR 7355 S.W. 9TH STREET VERO BEACH, FL 32968

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered offic	e or re	egistered agent, or br	Oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title it	applicable. (NOTE, Registered Agent si	gneture	required when reinstalling)	DATE
FiLE NOW!!! FEE IS \$150.90 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		<del>_</del> <del>_</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD HAMNER,G.F. 650 SOUTH A1A VERO BEACH, FL				U00000088560 83/15/04-80055-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAMNER,G.F. JR 995 SANDFLY LN. VERO BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERO BEACH, FL  VD  HAMNER, A.G.			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-51-ZIP	D GORDON, N H 670 HWY A1A VERO BEACH, FL 32963	-::			
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section §18.07(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 cath; 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:

CTTY-ST-ZIP

SIGNATURE AND TYPED OF INING OFFICER OR DIRECTOR March 12, 2004

(772) 562-2500