


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 146152

1. Entity Name
INDIAN RIVER EXCHANGE PACKERS, INC.



Principal Place of Business: 7355 S.W. 9TH STREET, VERO BCH, FL 32968

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

DO NOT WRITE IN THIS SPACE



02252005 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

6. Name and Address of Current Registered Agent

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

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000278528
03/28/05-90029-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD HAMNER,G.F. 650 SOUTH A1A VERO BEACH, FL
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	VD SEXTON,E G 7 STARFISH DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMNER, A.G. 650 SOUTH A1A VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, N H 670 HWY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 3/24/05 (712) 562-2252 X105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #