


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0555351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. 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	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	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	D BERNARD EGAN & COMPANY 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34948

U00000740620
05/14/07-80075-007 150.00

**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 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: *G. Hamner* 4-27-07 (772) 562-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #