

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90214 030 ***150.00

DOCUMENT # P02000006538

1. Entity Name
INDIAN RIVER TACK & FEED, INC.



Principal Place of Business
1450 74TH AVENUE S W
VERO BEACH, FL 32968

Mailing Address
1450 74TH AVENUE S W
VERO BEACH, FL 32968

2. Principal Place of Business
Indian River Tack & Feed 3200 43rd Ave.

Suite, Apt. #, etc.

City & State
Vero Beach

Zip
FL

Country
United States 32967

3. Mailing Address
3200 43rd Ave.

Suite, Apt. #, etc.

City & State

Zip
Indian River

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
80-0089277

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULFARDO, E. PERRY
1450 74TH AVE SW
VERO BEACH, FL 32968

7. Name and Address of New Registered Agent

Name
Monica Wellmaker CPA
Street Address (P.O. Box Number, is Not Acceptable)
1500 14th Avenue Suite B
City
Vero Beach FL Zip Code
32960

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 *Monica Wellmaker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D FULFORD, ALLISON K ☒ Delete
STREET ADDRESS
1450 74TH AVENUE S W
CITY-ST-ZIP
VERO BEACH, FL 32968

TITLE
NAME
D FULFORD, E. PERRY ☒ Delete
STREET ADDRESS
1450 74TH AVENUE S W
CITY-ST-ZIP
VERO BEACH, FL 32968

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
Michelle Stevens ☐ Change ☒ Addition
STREET ADDRESS
6816 45th Street
CITY-ST-ZIP
Vero Beach, FL 32967

TITLE
NAME
Scott Stevens ☐ Change ☒ Addition
STREET ADDRESS
6816 45th Str.
CITY-ST-ZIP
Vero Beach, FL 32967

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

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

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

TITLE
NAME
☐ Change ☐ Addition
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: *Michelle Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date Daytime Phone #