


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-15-2008 90029 039 ***138.75
 06-12-2008 90002 027 ****20.00

DOCUMENT # P04000080955

1. Entity Name
 INDIAN RIVER FINANCE INC.



Principal Place of Business
 1081 US HWY 1
 SUITE 1
 VERO BEACH, FL 32960

Mailing Address
 1081 US HWY 1
 SUITE 1
 VERO BEACH, FL 32960

2. Principal Place of Business - No P.O. Box #
 600 1st St
 Suite, Apt. #, etc.

3. Mailing Address
 600 1st St
 Suite, Apt. #, etc.


City & State
 Vero Beach FL

City & State
 Vero Beach FL

Zip Country
 32960 Indian River

Zip Country
 32960 Indian River

60044424



06092008 Chg-P CR2E034 (12/06)

4. FEI Number
 20-1163549

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

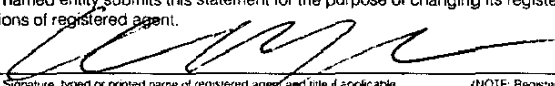
~~FERRARO, LORI ACCOUNT~~
~~50 OLD DIXIE HWY~~
~~VERO BEACH, FL 32960~~

Christopher Mazzarella
 50 Old Dixie Hwy
 Vero Beach FL 32960

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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: 


Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWN MAZZARELLA, CHRISTOPHER M 50 OLD DIXIE HWY VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

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