

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010252

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: INDIAN RIVER ALUMINUM, INC.

**Current Principal Place of Business:**

450 CANAVERAL GROVES BLVD  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 178  
SHARPES, FL 32959

**New Mailing Address:**

FEI Number: 59-3540915      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RIPPON, FREDERICK B  
4680 BRENTWOOD DRIVE  
COCOA, FL 32927      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIPPON, FREDERICK B  
Address: 4680 BRENTWOOD DRIVE  
City-St-Zip: COCOA, FL 32927

Title: V ( ) Delete  
Name: RIPPON, TRAVIS E  
Address: 489 NEW FOUND HARBOR DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete  
Name: RIPPON, SHERRY J  
Address: 4680 BRENTWOOD DR.  
City-St-Zip: COCOA, FL 32927

Title: V ( ) Delete  
Name: SWEARINGEN, LARRY T  
Address: 3875 NEW PORT ST  
City-St-Zip: COCOA, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY JILL RIPPON

ST

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date