

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90029 020 \*\*\*150.00

**DOCUMENT # 153873**

1. Entity Name

INDIAN RIVER FLYING SERVICE, INC.



Principal Place of Business

1890 98TH AVENUE  
VERO BEACH FL 32966  
US

Mailing Address

PO BOX 690772  
VERO BEACH FL 32969  
US

**50007681**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0577975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYSNE, S G  
1890 98TH AVE.(BUS.), 109 PRESTWICK CIR(HM)  
VERO BEACH FL 32967

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ORTH, JAMES N.  
STREET ADDRESS 6815 49TH STREET  
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ Delete  
NAME LYSNE, GWENN O.  
STREET ADDRESS 109 PRESTWICK CIRCLE  
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ Delete  
NAME LYSNE, S.G.  
STREET ADDRESS 109 PRESTWICK CIRCLE  
CITY-ST-ZIP VERO BEACH FL

TITLE D ☒ Delete  
NAME ORTH, LAURA M.  
STREET ADDRESS 3045 10TH COURT  
CITY-ST-ZIP VERO BEACH FL

TITLE ST ☐ Delete  
NAME WILLIAMS, LYNN L.  
STREET ADDRESS 5870 GLEN EAGLE  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*S. G. Lysne* S. G. LYSNE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

772-562-2715

Date

Daytime Phone #