# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Apr 20, 2006**
**Secretary of State**

DOCUMENT# 153873

**Entity Name:** INDIAN RIVER FLYING SERVICE, INC.

**Current Principal Place of Business:**

1890 98TH AVENUE
VERO BEACH, FL 32966 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 690772
VERO BEACH, FL 32969 US

**New Mailing Address:**

**FEI Number: 59-0577975** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NORTH, JAMES
6815 49TH ST
VERO BEACH, FL 32967 US

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

ORTH, JAMES, N
6815 49TH ST
VERO BEACH, FL 32967 US

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: JAMES N. ORTH 04/20/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ORTH, JAMES N.
Address: 6815 49TH STREET
City-St-Zip: VERO BEACH, FL

Title: D ( ) Delete
Name: LYSNE, GWENN O.
Address: 109 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL

Title: D ( ) Delete
Name: LYSNE, S.G.
Address: 109 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL

Title: ST ( ) Delete
Name: WILLIAMS, LYNN L.
Address: 5870 GLEN EAGLE
City-St-Zip: VERO BEACH, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: D ( ) Change (X) Addition
Name: MILLER, MARY O.
Address: 1106 29TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN L. WILLIAMS S/T 04/20/2006
Electronic Signature of Signing Officer or Director Date