


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 200823 1. Entity Name INDIAN RIVER REALTY INC	
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Principal Place of Business 1090 N. A1A PO BOX 33697 INDIALANTIC, FL 32903	Mailing Address PO BOX 33697 INDIALANTIC, FL 32903 US
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0814092	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLEMAN, PERRY J JR 2205 PINEMEADOW AVE W MELBOURNE, FL 32904
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 STREET ADDRESS CITY-ST-ZIP	PO COLEMAN, PERRY J JR 2205 PINE MEADOW MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLEMAN, JUDITH 2205 PINE MEADOW MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON WILLMAN, ROBERT 261 NAYLOR DR W MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOVICH, MARY M 506 CARMEL DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/06-80065-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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 an attachment with an address, with all other like empowered.

SIGNATURE:  **Perry J. Coleman Jr.** 1-14-06 321-723-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #