

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # 200823

1. Entity Name
INDIAN RIVER REALTY INC



Principal Place of Business
**1090 N. A1A
PO BOX 33697
INDIALANTIC, FL 32903**

Mailing Address
**PO BOX 33697
INDIALANTIC, FL 32903 US**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0814092

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLEMAN, PERRY J JR
2205 PINEMeadow AVE
W MELBOURNE, FL 32904**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000034285
02/28/08-80047-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLEMAN, PERRY J JR
STREET ADDRESS	2205 PINE MEADOW
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	ST
NAME	COLEMAN, JUDITH
STREET ADDRESS	2205 PINE MEADOW
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	D
NAME	NELSON WILLMAN, ROBERT
STREET ADDRESS	261 NAYLOR DR
CITY-ST-ZIP	W MELBOURNE, FL 32904
TITLE	D
NAME	MARKOVICH, MARY M
STREET ADDRESS	506 CARMEL DR
CITY-ST-ZIP	MELBOURNE, FL 32940

**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 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 #

2-15-08

321-723-4740