

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 200823

FILED
Jan 07, 2009
Secretary of State

Entity Name: INDIAN RIVER REALTY INC

Current Principal Place of Business:

1090 N. A1A
PO BOX 33697
INDIALANTIC, FL 32903

New Principal Place of Business:

1090 N. A1A
INDIALANTIC, FL 32903

Current Mailing Address:

PO BOX 33697
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-0814092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLEMAN, PERRY J JR
2205 PINEMeadow AVE
W MELBOURNE, FL 32904 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: PD () Delete
Name: COLEMAN, PERRY J JR
Address: 2205 PINE MEADOW
City-St-Zip: MELBOURNE, FL 32904

Title: ST () Delete
Name: COLEMAN, JUDITH,
Address: 2205 PINE MEADOW
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: NELSON WILLMAN, ROBERT
Address: 261 NAYLOR DR
City-St-Zip: W MELBOURNE, FL 32904

Title: D () Delete
Name: MARKOVICH, MARY M
Address: 506 CARMEL DR
City-St-Zip: MELBOURNE, FL 32940

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: PERRY J. COLEMAN

PD

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date