

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214843

FILED
Jan 22, 2004
Secretary of State

Entity Name: INDIAN RIVER GROWERS SERVICE, INC.

Current Principal Place of Business:

1745 6TH AVE
VERO BEACH, FL 32960

New Principal Place of Business:

1745 6TH AVE #1
VERO BEACH, FL 32960 US

Current Mailing Address:

P O BOX 1634
VERO BEACH, FL 32961

New Mailing Address:

P O BOX 1634
VERO BEACH, FL 32961 US

FEI Number: 59-0838614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSCHACH, MARY S
1786 MOORINGLINE DR.
VERO BEACH, FL 32963 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: ROSCHACH, MARY S,
Address: 1786 MOORINGLINE DR.
City-St-Zip: VERO BEACH, FL 00000,

Title: D () Delete
Name: THORNSBURY, JO ANN R
Address: 2000 SHARON ST.
City-St-Zip: BOCA RATON, FL

Title: DS () Delete
Name: ROSCHACH, LORI D
Address: 335-18TH AVE.
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: ROSCHACH, VERNON S
Address: 3540 57TH AVENUE
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSCHACH, MARY S
Address: 1786 MOORINGLINE DR.
City-St-Zip: VERO BEACH, FL 32963 US

Title: D (X) Change () Addition
Name: THORNSBURY, JO ANN R
Address: 2000 SHARON ST.
City-St-Zip: BOCA RATON, FL 33486 US

Title: D (X) Change () Addition
Name: ROSCHACH, LORI D
Address: 335 18TH AVE.
City-St-Zip: VERO BEACH, FL 32962 US

Title: DS (X) Change () Addition
Name: ROSCHACH, VERNON S
Address: 3540 57TH AVENUE
City-St-Zip: VERO BEACH, FL 32966 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY S. ROSCHACH

PD

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date