


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 030 ***150.00

DOCUMENT # 214843 1. Entity Name INDIAN RIVER GROWERS SERVICE, INC.					
Principal Place of Business 1745 6TH AVE #1 VERO BEACH, FL 32960 US			Mailing Address P O BOX 1634 VERO BEACH, FL 32961 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0838614	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSCHACH, MARY S 1786 MOORINGLINE DR. VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name LORI D. ROSCHACH Street Address (P.O. Box Number is Not Acceptable) 1745 6th AVENUE #1 City VERO BEACH FL Zip Code 32960		
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 <u><i>Lori D. Roschach</i></u> LORI D. ROSCHACH, SD 5/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSCHACH, MARY S 1786 MOORINGLINE DR. VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THORNSBURY, JO ANN R 2000 SHARON ST. BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORNSBURY, JO ANN R 2000 SHARON STREET BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCHACH, LORI D 335 18TH AVE. VERO BEACH, FL 32962 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSCHACH, LORI D. 335 18th AVE. VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCHACH, VERNON S 3540 57TH AVENUE VERO BEACH, FL 32966 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSCHACH, VERNON S. 4865 12th PLACE VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Lori D. Roschach</i></u> LORI D. ROSCHACH, SD 5/11/07 772-713-9288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40113321



05072007 Chg-P CR2E034 (12/06)

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

ATTACHMENT

H0113321

77-214843

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) MARY STRONG		2. SEX FEMALE	
3. DATE OF BIRTH (Month, Day, Year) OCTOBER 10, 1924		4a. AGE-Last Birthday (Years) 82	
4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes	
5. DATE OF DEATH (Month, Day, Year) MARCH 9, 2007			
6. SOCIAL SECURITY NUMBER 1260-30-7207		7. BIRTHPLACE (City and State or Foreign Country) COUNCIL, IDAHO	
8. COUNTY OF DEATH INDIAN RIVER			
9. PLACE OF DEATH - HOSPITAL (Check only one) Inpatient Emergency Room/Outpatient Non-Hospital: Hospice Facility Nursing Home/Long Term Care Facility		10. FACILITY NAME (If not institution, give street address) 1786 MOORINGLINE DRIVE	
11a. CITY, TOWN, OR LOCATION OF DEATH VERO BEACH		11b. INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No	
12. MARITAL STATUS (Specify) Married Married, but Separated Widowed <input checked="" type="checkbox"/> Divorced Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
14a. RESIDENCE - STATE FLORIDA		14b. COUNTY INDIAN RIVER	
14c. CITY, TOWN, OR LOCATION VERO BEACH		14d. APT. NO. 32963	
14e. INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) EXECUTIVE		15b. KIND OF BUSINESS/INDUSTRY REAL ESTATE	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) White <input checked="" type="checkbox"/> Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Is. (Specify) Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify) <input checked="" type="checkbox"/> No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma High school diploma or GED <input checked="" type="checkbox"/> College but no degree Associate Bachelor's Master's Doctorate Yes <input checked="" type="checkbox"/> No			
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No			
20. FATHER'S NAME (First, Middle, Last, Suffix) ALFRED NAPIER STRONG		21. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIE REBECCA WADSWORTH	
22a. INFORMANT'S NAME JOANN R. THORNSBURY		22b. RELATIONSHIP TO DECEDENT DAUGHTER	
22c. CITY OR TOWN BOCA RATON		22d. STREET ADDRESS 2000 SHARON STREET	
22e. LOCATION - STATE FLORIDA		22f. LOCATION - CITY OR TOWN VERO BEACH	
22g. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) CRESTLAWN CEMETERY		22h. METHOD OF DISPOSITION (Check one) Burial <input checked="" type="checkbox"/> Entombment Cremation Donation Removal from State Other (Specify)	
22i. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes <input checked="" type="checkbox"/> No		22j. LICENSE NUMBER (of Licensee) 2423	
22k. NAME OF FUNERAL FACILITY COX-GIFFORD-SEAWINDS FUNERAL HOME & CREMATORY		22l. FACILITY'S MAILING - STATE FLORIDA	
22m. CITY OR TOWN VERO BEACH		22n. STREET ADDRESS 1950 20TH STREET	
22o. ZIP CODE 32960			
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated. 31a. (Signature and Title of Certifier) 31b. DATE SIGNED (mm/dd/yyyy) 03/09/2007 31c. TIME OF DEATH (24 hr.) 0920 31d. MEDICAL EXAMINER'S CASE NUMBER			
32. CERTIFIER'S LICENSE NUMBER (of Certifier) ME70240		33. NAME OF ATTENDING PHYSICIAN (If other than Certifier) JOSHUA B. SHIPLEY, M.D.	
34. CERTIFIER'S - STATE FLORIDA		35. CITY OR TOWN VERO BEACH	
36. STREET ADDRESS 1265 36TH STREET		37. ZIP CODE 32960	
38. SUBREGISTRAR - Signature and Date Nancy Galeppa DR March 15, 2007		39. DATE FILED BY REGISTRAR (Mo., Day, Yr.) March 15, 2007	
40. PROBABLE MANNER OF DEATH <input checked="" type="checkbox"/> Natural Accident Suicide Homicide Pending Investigation Undetermined			
41. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sudden Cardiac Death Coronary artery disease UNDERLYING CAUSE (Disease or injury that initiated the events - resulting in death) - LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
42a. WAS AN AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No		42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes <input checked="" type="checkbox"/> No	
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)	
44. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes <input checked="" type="checkbox"/> No Unknown		45. IF Yes, specify timeframe: at time of death within 1 to 42 days of death within 43 days to 1 year of death	
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)	
48. INJURY AT WORK? Yes <input checked="" type="checkbox"/> No		49a. LOCATION OF INJURY - STATE	
49b. CITY OR TOWN		49c. STREET ADDRESS	
49d. APT. NO.		49e. ZIP CODE	
50. DESCRIBE HOW INJURY OCCURRED		51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify)			
52b. Type of Vehicle Car/Minivan B.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)			

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

FLORIDA DEPARTMENT OF
HEALTH

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CERTIFICATION OF VITAL RECORD