

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


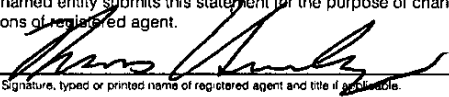
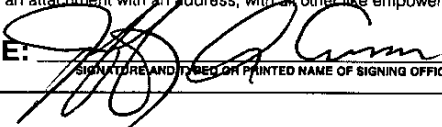
**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90518 013 \*\*\*150.00

**50045438**



04252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 301561</b>					
1. Entity Name BECKER INDIAN RIVER PROPERTIES, INC.					
Principal Place of Business 2627 S. JENKINS ROAD FORT PIERCE, FL 34981 US		Mailing Address 2627 S. JENKINS ROAD FORT PIERCE, FL 34981 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1104450	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HURLEY, THOMAS 2627 S. JENKINS ROAD FORT PIERCE, FL 34981			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 		DATE <b>4/25/05</b>		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, RICHARD E		NAME		
STREET ADDRESS	14 SEA COURT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUSSON, JEFFREY L		NAME		
STREET ADDRESS	736 36TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, THOMAS		NAME		
STREET ADDRESS	2627 S. JENKINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34981		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, R. SCOTT		NAME		
STREET ADDRESS	2627 S. JENKINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34981		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, RICHARD E		NAME		
STREET ADDRESS	2627 S. JENKINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34981		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, BARBARA		NAME		
STREET ADDRESS	381 INDIAN HARBOR RD		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32963		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE <b>4/25/05</b>		772-595-3110	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JEFFREY L. CUSSON</b>		DATE		Daytime Phone #	

ATTACHMENT

5004543 8  
# 201561

**Add**

D  
JoAnn Becker  
155 Sago Palm Road  
Vero Beach, FL 32963