
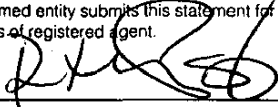



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90014 019 \*\*\*\*61.25

<b>DOCUMENT # 736522</b> 1. Entity Name <b>INDIAN RIVER TRAP &amp; SKEET CLUB, INCORPORATED</b>					
Principal Place of Business <b>5925 82ND AVENUE VERO BEACH, FL 32966</b>			Mailing Address <b>P O BOX 2825 VERO BEACH, FL 32961</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PEGG, ROBERT L 1428 21ST STREET VERO BEACH, FL 32960</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAUSS, JEFFREY		NAME	STRAUSS, JEFFREY	
STREET ADDRESS	1500 14TH AVE		STREET ADDRESS	99 Cache Cay	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEGG, ROBERT		NAME		
STREET ADDRESS	PO BOX 1000		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32961		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDS, ROBERT		NAME		
STREET ADDRESS	6070 69TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b> 			<b>Robert L. Pegg, Pres./Director</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

(772) 231-8099