

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM  
Secretary of State

DOCUMENT # F05645

1. Entity Name

INDIAN RIVER IRRIGATION SYSTEMS, INC.



Principal Place of Business

C/O CHARLES J. IACONA  
82 SW IRWIN AVE  
W. MELBOURNE FL 32904  
US

Mailing Address

C/O CHARLES J. IACONA  
82 SW IRWIN AVE  
W. MELBOURNE FL 32904  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2054360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IACONA, CHARLES  
3895 HIELD RD NW  
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PVP  
IACONA, CHARLES J.  
3895 HIELD RD. NW  
PALM WAY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
IACONA, KATHLEEN M.  
3895 HIELD RD NW  
PALM BAY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
U000000205177  
01/31/05-80032-022 150.00

TITLE  
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☐ Change ☐ Addition

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: Kathleen Iacona KATHLEEN IACONA 1/25/05 321.24.6473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #