

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90123 021 \*\*\*158.75

**DOCUMENT # J19922**

1. Entity Name  
INDIAN RIVER MARINE SALES, INC.



Principal Place of Business

3435 AVIATION BLVD  
STE 1  
VERO BEACH, FL 32960 US

Mailing Address

3435 AVIATION BLVD  
STE 1  
VERO BEACH, FL 32960 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2915790

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCKEE, JOHN H.  
3435 AVIATION BLVD  
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name

*McKee SONIA C.*  
Street Address (P.O. Box Number is Not Acceptable)  
*3435 AVIATION BLVD.*

*VERO*  
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

*Sonia C. McKee* *SONIA C. McKee* *CDP*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-27-06*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CDP	<input checked="" type="checkbox"/> Delete
NAME	MCKEE, JOHN H.	
STREET ADDRESS	3004 NASSAU DRIVE	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCKEE, SONIA C	
STREET ADDRESS	3004 NASSAU DRIVE	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIA C. McKee	
STREET ADDRESS	3004 NASSAU DR.	
CITY-ST-ZIP	VERO Beach, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Sonia C. McKee* *SONIA C. McKee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-27-06*

Date

*3PM-772-5620583*

Daytime Phone #