2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # J32183 1. Entity Name 03-07-2007 90017 004 ***150.00 INDIAN RIVER CLEANERS, INC. Principal Place of Business Mailing Address 1025 COMMERCE AVE 1025 COMMERCE AVE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number 59-2717031 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTNER, C R 4365 11TH PL SW Street Address (P.U. Box Number is Not Acceptable) VERO BEACH FL 32960 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE CANTNER, C. ROBERT NAME NAME 6525 OXFORD CR #103 4365_11TH_PL_SW_____ STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 VERO BEACH FL. 32966 CITY ST-ZIP CHY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CANTNER, EDNA G NAME NAME 6525 OXFORD CR #103 4365 11TH PL SW STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 BEACH, FL. 32966 CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITUE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete BHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

2/26/07

FILED

Mar 07, 2007 8:00 am