2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# J65711

Entity Name: INDIAN RIVER OXYGEN, INC.

Current Principal Place of Business:

650 ANGLE RD
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

1626 90TH AVE
VERO BEACH, FL 32966

New Mailing Address:

650 ANGLE RD
FORT PIERCE, FL 34947

FEI Number: 59-2802379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, EDGAR R II
1626 90TH AVE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

LAMM, WILLIAM C
60 6TH AVENUE
VERO BEACH, FL 32962 US

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.

SIGNATURE: WILLIAM C LAMM 04/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: LAMM, WILLIAM C
Address: 353 NW SHORELINE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP/D ( ) Delete
Name: LAMM, MERCEDES
Address: 353 NW SHORELINE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change ( ) Addition
Name: LAMM, WILLIAM C
Address: 60 6TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: SEC (X) Change ( ) Addition
Name: LAMM, MERCEDES
Address: 60 6TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: P/D ( ) Change (X) Addition
Name: LAMM, TROY S
Address: 650 ANGLE ROAD
City-St-Zip: FORT PIERCE, FL 34947

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY S. LAMM P/D 04/09/2009
Electronic Signature of Signing Officer or Director Date