


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # J92551</b><br>1. Entity Name<br><b>INDIAN RIVER CONTRACTING CORPORATION</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>3385 13TH PLACE<br/>VERO BEACH FL 32960<br/>US</b> | Mailing Address<br><b>PO BOX 650460<br/>VERO BEACH FL 32965-0460<br/>US</b> |
|--|---|



MOORE CR2E034 (11/03)

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                 |  |
|---------------------------------|--|
| 4. FEI Number <b>59-2838955</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>LIPPS, LAWRENCE<br/>3385 13TH PL<br/>VERO BCH FL 32960</b> |
|--|

|   |
|---|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|

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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS |                 | <input type="checkbox"/> Delete |
|----------------------------|-----------------|---------------------------------|
| TITLE                      | DP              | <input type="checkbox"/>        |
| NAME                       | LIPPS, LAWRENCE |                                 |
| STREET ADDRESS             | 3385 13TH PLACE |                                 |
| CITY - ST - ZIP            | VERO BEACH FL   |                                 |
| TITLE                      | ST              | <input type="checkbox"/>        |
| NAME                       | LIPPS, PAMELA   |                                 |
| STREET ADDRESS             | 3385 13TH PLACE |                                 |
| CITY - ST - ZIP            | VERO BEACH FL   |                                 |
| TITLE                      |                 | <input type="checkbox"/>        |
| NAME                       |                 |                                 |
| STREET ADDRESS             |                 |                                 |
| CITY - ST - ZIP            |                 |                                 |
| TITLE                      |                 | <input type="checkbox"/>        |
| NAME                       |                 |                                 |
| STREET ADDRESS             |                 |                                 |
| CITY - ST - ZIP            |                 |                                 |
| TITLE                      |                 | <input type="checkbox"/>        |
| NAME                       |                 |                                 |
| STREET ADDRESS             |                 |                                 |
| CITY - ST - ZIP            |                 |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------|---|
| TITLE   | U00000067394              | <input type="checkbox"/>  |
| NAME  |                           |   |
| STREET ADDRESS  | 02/26/04-80056-003 150.00 |   |
| CITY - ST - ZIP                                       |                           |   |
| TITLE   |                           | <input type="checkbox"/>  |
| NAME  |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP                                       |                           |   |
| TITLE   |                           | <input type="checkbox"/>  |
| NAME  |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP                                       |                           |   |
| TITLE   |                           | <input type="checkbox"/>  |
| NAME  |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP                                       |                           |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Bart Lipps</u> - Bart Lipps | Date: <u>2-24-04</u> (772) 567-8404 |
|---|-------------------------------------|