

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 046 ***150.00

DOCUMENT # J92551

1. Entity Name

INDIAN RIVER CONTRACTING CORPORATION



Principal Place of Business

3385 13TH PLACE
VERO BEACH FL 32960
US

Mailing Address

PO BOX 650460
VERO BEACH FL 32965-0460
US

2. Principal Place of Business - No P.O. Box #

18308 56th St.

Suite, Apt. #, etc.

3. Mailing Address

18308 56th St.

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32060

Country

Swannee

City & State

Live Oak, FL

Zip

32060

Country

Swannee

4. FEI Number 59-2838955

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

Name

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

18308 56th Street

City

Live Oak

FL

Zip Code

32060

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, 2007 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 DP ☐ Delete
NAME LIPPS, LAWRENCE
STREET ADDRESS 3385 13TH PLACE
CITY - ST - ZIP VERO BEACH FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 18308 56th Street
CITY - ST - ZIP Live Oak, FL 32060

TITLE ST ☐ Delete
NAME LIPPS, PAMELA
STREET ADDRESS 3385 13TH PLACE
CITY - ST - ZIP VERO BEACH FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 18308 56th Street
CITY - ST - ZIP Live Oak, FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Pamela Lipps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 (386) 362-7821

Date

Daytime Phone #