

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95790

FILED
Apr 20, 2009
Secretary of State

Entity Name: INDIAN RIVER MASONRY ASSOCIATES, INC.

Current Principal Place of Business:

6190 OLD DIXIE HIGHWAY
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

P.O BOX 57
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 65-0139307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOCELLE, JOHN P.
12525 93RD STREET
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VOCELLE, JOHN P.
Address: 12525 93RD STREET
City-St-Zip: FELLSMERE, FL 32948

Title: VTS () Delete
Name: VOCELLE, KRISTEN S
Address: 901 RIGGINS ROAD, APT #321
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTS (X) Change () Addition
Name: VOCELLE, KRISTEN S
Address: 2350 PHILLIPS ROAD; #4201
City-St-Zip: TALLAHASSEE, FL 32308

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: JOHN P. VOCELLE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date