

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14480

FILED
Apr 11, 2004
Secretary of State

Entity Name: MOTT'S INDIAN RIVER LODGE, INC.

Current Principal Place of Business:

1210 S. RIVERSIDE DR.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 817
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2971350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBY, ED
425 S ATLANTIC
NEW SMYRNA BEACH, FL 32169

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: PD () Delete
Name: RUBY, EDWARD G
Address: 425 S ATLANTIC AVE.
City-St-Zip: NEWSMYRNA BEACH, FL 32169

Title: STD () Delete
Name: RUBY, DONNA MOTT,
Address: 425 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: RUBY, DONNA MOTT
Address: 425 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD G. RUBY

P/D

04/11/2004

Electronic Signature of Signing Officer or Director

Date