


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90003 030 ****61.25

DOCUMENT # N98000004984	
1. Entity Name INDIAN RIVER LAGOON ENVIROTHON, INC.	

Principal Place of Business 458 HWY 98 NORTH OKEECHOBEE, FL 34972-2513	Mailing Address 458 HWY 98 NORTH OKEECHOBEE, FL 34972-2513
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54057321

2. Principal Place of Business 210 Atlanta Ave.	3. Mailing Address 210 Atlanta Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06092004 Chg-NP CR2E037 (10/03)

City & State Stuart, FL	City & State Stuart, FL
Zip 34994	Country USA
Country USA	Zip 34994

4. FEI Number 65-0940980	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CULBERT, DANIEL F 458 HWY 98 NORTH OKEECHOBEE, FL 34972-2573	
7. Name and Address of New Registered Agent Name: Kathryn LaMartina Street Address (P.O. Box Number is Not Acceptable): 210 Atlanta Ave. City: Stuart FL Zip Code: 34994	

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: Kathryn LaMartina, Chair *Kathryn LaMartina* 6/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CULBERT, DANIEL F 458 HWY 98 NORTH OKEECHOBEE, FL 349722573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RICHARD 200 9 ST SE VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARTINA, KATHY 210 ATLANTA AVE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Kathryn LaMartina 210 Atlanta Ave Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Elizabeth Underwood 5400 St. James Dr. Port St. Lucie, FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: Kathryn LaMartina, Chair *Kathryn LaMartina* 6/9/04 (772) 223-2400 x3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #