2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042340

1. Entity Name INDIAN RIVER SECURITY, INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

756 BEACHLAND BLVD. VERO BEACH, FL 32963 PO BOX 4080

VERO BEACH, FL 32964-4080



DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 65-1015147 Applied For Not Applicable

5. Certificate of Status Desired

□ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, CHARLES J 1701 HWY A1A SUITE 208 VERO BEACH, FL 32963

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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 tamiliar with, and accept
	the obligations of registered agent.	
	• • •	

Signature, lyped

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, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE DP BRADSHAW, CHARLES J NAME 1701 HIGHWAY A1A SUITE 208 STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP DVS PROCTOR, DONALD C NAME STREET ADDRESS 1401 HIGHWAY A1A CITY-ST-ZIP VERO BEACH, FL 32963 TITLE NAME STREET ADDRESS CITY -ST-ZIP

HOOMMAG4224 03/21/06 80107-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 further 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:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NETURE AND TYPED OF PRINTED WAVE OF SIGNING OF PICER OR DIRECTOR

3/9/06

72-231-0250

Daytime Phone 9