

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000006538						FILED 07 MAY -8 AM 10: 53 ALACHUA COUNTY, FLORIDA	
1. Entity Name INDIAN RIVER TACK & FEED, INC.							
Principal Place of Business 3200 43RD AVE STE 1 VERO BEACH, FL 32960				Mailing Address 3200 43RD AVE STE 1 VERO BEACH, FL 32960			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DUPUIS, RENEE 3200 43RD AVENUE SUITE 1 VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name <u>Powell, Ralph</u> Street Address (P.O. Box Number is Not Acceptable) <u>6790 45th Street</u> City <u>VERO Beach</u> <u>FL</u> Zip Code <u>32967</u>			
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 <u>Ralph Powell</u> <u>RALPH POWELL</u> <u>5/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DUPUIS, RENEE P 6760 45TH STREET VERO BEACH, FL 32967			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Powell, Ralph 6790 45th Street VERO Beach, FL 32967		
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		
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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 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: <u>Ralph Powell</u> <u>RALPH POWELL</u> <u>5/2/07</u> <u>Angela Renee Dupuis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5/2/07</u>			