

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90128 019 ***150.00

DOCUMENT # P02000007092

1. Entity Name

INDIAN RIVER CELLULAR DEPOT, INC.



Principal Place of Business

1717 S. US HWY. 1 #5
FT. PIERCE FL 34950

Mailing Address

1717 S. US HWY. 1 #5
FT. PIERCE FL 34950

2. Principal Place of Business

1133 BAYSHORE DR

3. Mailing Address

1133 BAYSHORE DR

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

FT. Pierce, FL

City & State

FT. Pierce, FL

Zip

34949

Country

St. Lucie

Zip

34949

Country

St. Lucie

6. Name and Address of Current Registered Agent

RYALS, SCOTT G ESQ
512 S. SECOND ST.
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME TORTORA, BENITO
STREET ADDRESS 1133 BAYSHORE DR., #204
CITY-ST-ZIP FT. PIERCE FL 34949

TITLE VS ☐ Delete
NAME TORTORA, RALPH
STREET ADDRESS 1133 BAYSHORE DR., #204
CITY-ST-ZIP FT. PIERCE FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05 772-359-8776