


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90008 042 ***150.00

DOCUMENT # P02000057066		
1. Entity Name INDIAN RIVER NURSERY, INC.		

Principal Place of Business 560 HAWKSBILL ISLAND DR. SATELLITE BEACH, FL 32937	Mailing Address 560 HAWKSBILL ISLAND DR. SATELLITE BEACH, FL 32937
--	--

44004909



2. Principal Place of Business		3. Mailing Address P.O. Box 411570	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MELBOURNE, FL	
Zip	Country	Zip	Country
		32941-1570	USA

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0611488	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent DETTMER, DALE A 304 S. HARBOR CITY BLVD., STE. 201 MELBOURNE, FL 32901

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div>POSTD STAFFORD, RONALD E 560 HAWKSBILL ISLAND DR. SATELLITE BEACH, FL 32937</div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div>D PIAKS, RONALD 2732 MAJESTRE AVE MELBOURNE, FL 32934</div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div> PINKS, RONALD 2432 MAJESTRE AVE. </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD STAFFORD

1/20/04 321-777-9974
Date Daytime Phone #