

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000087489

1. Entity Name
INDIAN RIVER ACRES DEVELOPMENT CORPORATION



Principal Place of Business
**1425 23RD AVE. S.W.
VERO BEACH, FL 32962**

Mailing Address
**1425 23RD AVE. S.W.
VERO BEACH, FL 32962**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3870628	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

**MACWILLIAM, KEVIN
2345 14TH AVENUE
SUITE 3
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, BRIAN
STREET ADDRESS	7150 20TH STREET, SUITE D
CITY-ST-ZIP	VERO BEACH, FL 32966

TITLE	D
NAME	STASZEWSKI, MICHAEL
STREET ADDRESS	1425 23RD AVENUE, S.W.
CITY-ST-ZIP	VERO BEACH, FL 32962

TITLE	D
NAME	DELISLE, DANNY
STREET ADDRESS	P.O. BOX 2202
CITY-ST-ZIP	VERO BEACH, FL 32961

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80001-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06 772-778-5876
Date Daytime Phone #