

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 22-3870628 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STASZEWSKI, MICHAEL J
1425 23RD STREET
VERO BEACH, FL 32962

**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 reinstating)

U000000953784

07/09/08-88005-018 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | JENKINS, BRIAN |
| STREET ADDRESS | 128 43RD AVENUE SW |
| CITY-ST-ZIP | VERO BEACH, FL 32968 |

| | |
|----------------|------------------------|
| 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 | |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Staszewski

7-7-08

Date

772-778-5876

Daytime Phone #