

\$41.25

### 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**

05 JUL 28 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P02000091969</b>			
1. Entity Name <b>INDIAN RIVER INVESTMENTS OF CENTRAL FLORIDA, INC.</b>			
Principal Place of Business <b>705 B SEBASTIAN BLVD SEBASTIAN, FL 32958</b>		Mailing Address <b>705 B SEBASTIAN BLVD SEBASTIAN, FL 32958</b>	
2. Principal Place of Business <b>989 Sebastian Blvd</b>		3. Mailing Address <b>989 Sebastian Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sebastian FL</b>		City & State <b>Sebastian FL</b>	
Zip <b>32958</b>	Country <b>USA</b>	Zip <b>32958</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>SANDERS, SCOTT 1281 SEBASTIAN LAKES DR SEBASTIAN, FL 32958</b>		7. Name and Address of New Registered Agent Name <b>SANDERS SCOTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>13680 N. Indian River Drive</b> City <b>Sebastian</b> FL Zip Code <b>32958</b>	
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: <b>pres.</b> DATE: <b>7-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSTD SANDERS, SCOTT 1281 SEBASTIAN LAKES BLVD SEBASTIAN, FL 32958</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SANDERS, SCOTT 13680 N. Indian River Dr. Sebastian FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 <b>800058892438 08/23/05--01043--022 **197.50</b>
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
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 
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: <b>pres</b>		Date: <b>7-25-05</b>	Daytime Phone #: <b>772 388 2255</b>