


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000097538</b> 1. Entity Name INDIAN RIVER GRAPEFRUIT MARKETERS, INC.	
---	---

Principal Place of Business 150 NORTH GRAVES ROAD FORT PIERCE, FL 34954	Mailing Address P O BOX 880 VERO BEACH, FL 32961
---	--



06072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1027317	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  SANDERS, CHARLES M JR 1485 50TH COURT VERO BEACH, FL 32966
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD SCHIRARD, J B 150 N GRAVES RD FT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ESTES, CODY 3705 20TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STREETMAN, GEORGE 2745 ST LUCIE AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAMS, ROB 4001 SEMINOLE PRATT-WHITNEY RD LOXAHATCHEE, FL 334703754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, JEFF 8465 OLD DIXIE HWY WABASSO, FL 32970
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIEFFORT, JIM 2600 45TH ST VERO BEACH, FL 32967

000000369529  
06/13/05-80002-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #