2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097538

Entity Name: INDIAN RIVER GRAPEFRUIT MARKETERS, INC.

FILED Aug 14, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	H GRAVES ROAD RCE, FL 34954			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P O BOX 8 VERO BEA	380 ACH, FL 32961			
FEI Number:	33-1027317 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
1485 50TH	S, CHARLES M JR I COURT ACH, FL 32966 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF				
	Electronic Signature of Registered A	Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation dic npaign Financing Trust Fund Contribution().	I not receive the prior notice.		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete SCHIRARD, J B 150 N GRAVES RD FT PIERCE, FL 34954	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete ESTES, CODY 3705 20TH ST VERO BEACH, FL 32960	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () Delete STREETMAN, GEORGE 2745 ST LUCIE AVE VERO BEACH, FL 32960	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BEAMS, ROB 4001 SEMINOLE PRATT-WHITNEY RD LOXAHATCHEE, FL 334703754	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BASS, JEFF 8465 OLD DIXIE HWY WABASSO, FL 32970	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LIEFFORT, JIM 2600 45TH ST VERO BEACH, FL 32967	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE H. STREETMAN STD 08/14/2006