

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097538

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: INDIAN RIVER GRAPEFRUIT MARKETERS, INC.

## Current Principal Place of Business:

150 NORTH GRAVES ROAD  
FORT PIERCE, FL 34954

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 880  
VERO BEACH, FL 32961

## New Mailing Address:

FEI Number: 33-1027317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, CHARLES M JR  
1485 50TH COURT  
VERO BEACH, FL 32966 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHIRARD, J B  
Address: 150 N GRAVES RD  
City-St-Zip: FT PIERCE, FL 34954

Title: VPD ( ) Delete  
Name: ESTES, CODY  
Address: 3705 20TH ST  
City-St-Zip: VERO BEACH, FL 32960

Title: STD ( ) Delete  
Name: STREETMAN, GEORGE  
Address: 2745 ST LUCIE AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete  
Name: BEAMS, ROB  
Address: 4001 SEMINOLE PRATT-WHITNEY RD  
City-St-Zip: LOXAHATCHEE, FL 334703754

Title: D ( ) Delete  
Name: BASS, JEFF  
Address: 8465 OLD DIXIE HWY  
City-St-Zip: WABASSO, FL 32970

Title: D ( ) Delete  
Name: LIEFFORT, JIM  
Address: 2600 45TH ST  
City-St-Zip: VERO BEACH, FL 32967

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

08/20/2007

Electronic Signature of Signing Officer or Director

Date