2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P02000097538

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 04/28/2009

Electronic Signature of Signing Officer or Director Date