

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90285 013 \*\*\*150.00

**DOCUMENT # P02000113270**

1. Entity Name

INDIAN RIVER LABS, INC.



Principal Place of Business

6815 WOODMERE RD  
BAY 1  
SEBASTIAN FL 32958

Mailing Address

6815 WOODMERE RD  
BAY 1  
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1430695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKINSON, DAVID  
433 MOORE PARK LANE  
MERRITT ISLAND FL 32952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

NAME CUMMINS, BARRY  
STREET ADDRESS 1203 EGRET AVE.  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE NAME ☐ Delete

NAME CREASEY, DAVID  
STREET ADDRESS 1505 FAIRWAY CIRCLE APT 306A  
CITY-ST-ZIP VERO BCH FL 77372

TITLE NAME ☐ Delete

NAME DICKINSON, DAVID  
STREET ADDRESS 433 MOORE PARK LANE  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE NAME ☒ Delete

NAME KIRBY, RICHARD  
STREET ADDRESS 48 FORREST ST., UNIT 203  
CITY-ST-ZIP MEDFORD MA 02155

TITLE NAME ☒ Delete

NAME BRUTTI, RICHARD  
STREET ADDRESS 14 PINE RIDGE RD.  
CITY-ST-ZIP ARLINGTON MA 02476

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME CREASEY, DAVID  
STREET ADDRESS 5405 FAIRWAY CIRCLE, APT 201  
CITY-ST-ZIP VERO BEACH FL 77372

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #