2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000078598

WOODSON, BRENT B

MELBOURNE, FL 32940

305 MILANO LANE, SUITE 305

Name:

Address:

City-St-Zip:

FILED Jan 24, 2005 Secretary of State

Entity Name: INDIAN RIVER FINANCIAL SERVICES CORP						
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
	TH DIXIE HIGH ′, FL 32905	HWAY				
Current Mailing Address:			New Ma	New Mailing Address:		
305 MILANO LANE SUITE 305 MELBOURNE, FL 32940			SUITE 7	100 RIALTO PL SUITE 748 MELBOURNE, FL 32901		
FEI Number:	43-2022306	FEI Number Applied For ()	FEI Number Not A	applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WOODSON, BRENT B 305 MILANO LANE SUITE 305 MELBOURNE, FL 32940 US				WOODSON, BRENT B 100 RIALTO PL SUITE 748 MELBOURNE, FL 32901 US		
	named entity s of Florida.	submits this statement for the pu	ırpose of changir	ng its registered o	ffice or registered agent, or both,	
SIGNATURE: BRENT B WOODSON					01/24/2005	
	Electron	ic Signature of Registered Ager	nt		Date	
		3(2)(b), F.S., the corporation did not grows Fund Contribution ().	receive the prior n	otice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () BERGER, ROB 1998 MATTISOI PALM BAY, FL	N DRIVE	Title: Name: Address: City-St-Zi	``) Change()Addition	
Title: Name: Address: City-St-Zip:	V () BERGER, KATH 1998 MATTISON PALM BAY, FL	N DRIVE	Title: Name: Address: City-St-Zi	``) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () BURGOON, JO 3775 CRISTA J PALM BAY, FL	EAN AVENUE	Title: Name: Address: City-St-Zi) Change ()Addition	
Title:	P ()	Delete	Title:) Change ()Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN M BURGOON S 01/24/2005