

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90074 043 ***150.00

DOCUMENT # P03000098664	
1. Entity Name INDIAN RIVER PUBLISHING & MEDIA CONSULTANTS, INC.	

Principal Place of Business 505 BEACHLAND BLVD. SUITE 155 VERO BEACH, FL 32963	Mailing Address 505 BEACHLAND BLVD. SUITE 155 VERO BEACH, FL 32963
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40045908



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03102005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0482484	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRYANT, CYNTHIA L 505 BEACHLAND BLVD. SUITE 155 VERO BEACH, FL 32963

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PIAZZA, VINCENT
STREET ADDRESS	2210 6TH COURT SE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	P <input type="checkbox"/> Delete
NAME	BRYANT, CYNTHIA L
STREET ADDRESS	3011 BENT PINE DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	V <input type="checkbox"/> Delete
NAME	BRYANT, WILLIAM R SR.
STREET ADDRESS	6802 BAYARD ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	S <input type="checkbox"/> Delete
NAME	PIAZZA, RENEE
STREET ADDRESS	2210 6TH COURT SE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	T <input type="checkbox"/> Delete
NAME	BRYANT, WILLIAM JR.
STREET ADDRESS	6802 BAYARD ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cynthia L Bryant* **March 24, 2005** *473-6107*