2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 13, 2005 08:00 AM DOCUMENT # P03000125084 **Secretary of State** INDIAN RIVER REAL ESTATE & ASSOCIATES, INC. Principal Place of Business 🗀 Mailing Address 2036 14TH AVENUE 2036 14TH AVENUE SUITE 103 SUITE 103 VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0360297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENGESBAUGH, CAMILLE L DO NOT WRITE **2036 14TH AVENUE** SUITE 103 IN THIS SPACE VERO BEACH, FL 32960 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 agen SIGNATURE. Signature, typed or printed name of registered age (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE REILLEY, DAVID H NAME 1541 SABAL COURT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 U00000179131 TITLE 01/13/05-80006-005 150.00 HENGESBAUGH, CAMILLE L NAME STREET ADDRESS 1475 31ST AVENUE CITY-ST-ZIP VERO BEACH, FL 32960 TITLE HENGESBAUGH, JAMIE L NAME STREET ADDRESS 1475 31ST AVENUE DO NOT WRITE CITY-ST-ZIP VERO BEACH, FL 32960 TITLE SH IN THIS SPACE HUMMEL, NICOLE NAME STREET ADDRESS 1005 7TH ROAD CITY-ST-ZIP VERO BEACH, FL 32962 TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP