

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000125084

1. Entity Name
INDIAN RIVER REAL ESTATE & ASSOCIATES, INC.



Principal Place of Business
2036 14TH AVENUE
SUITE 103
VERO BEACH, FL 32960 US

Mailing Address
2036 14TH AVENUE
SUITE 103
VERO BEACH, FL 32960 US



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0360297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENGESBAUGH, CAMILLE L
2036 14TH AVENUE
SUITE 103
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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.

01/09/06-00022 015 150.00

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENGESBAUGH, CAMILLE
STREET ADDRESS 2036 14TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD
NAME HENGESBAUGH, JAMIE
STREET ADDRESS 2036 14TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VSTD
NAME HUMMEL, NICOLE
STREET ADDRESS 2036 14TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

CAMILLE Hengesbaugh 1/4/06