

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-15-2008 90029 039 ***138.75

06-12-2008 90002 027 ****20.00

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06092008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000080955 1. Entity Name INDIAN RIVER FINANCE INC.			
Principal Place of Business 1081 US HWY 1 SUITE 1 VERO BEACH, FL 32960		Mailing Address 1081 US HWY 1 SUITE 1 VERO BEACH, FL 32960	
2. Principal Place of Business - No P.O. Box # 6800 1st St Suite, Apt. #, etc.		3. Mailing Address 6800 1st St Suite, Apt. #, etc.	
City & State VERO BEACH FL		City & State VERO BEACH FL	
Zip 32960		Zip 32960	
Country Indian River		Country Indian River	
4. FEI Number 20-1163549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRARO, LORI ACCOUNT 50 OLD DIXIE HWY VERO BEACH, FL 32960		7. Name and Address of New Registered Agent christopher mazzarella 50 Old Dixie Hwy 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 agent. SIGNATURE: <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWN MAZZARELLA, CHRISTOPHER M 50 OLD DIXIE HWY VERO BEACH, FL 32960	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	