

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000083221 1. Entity Name INDIAN RIVER AUTO REPAIR INC.			
Principal Place of Business 4340 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957		Mailing Address 4340 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	
2. Principal Place of Business 4340 NE INDIAN RIVER DR		3. Mailing Address 4340 NE INDIAN RIVER DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State JENSEN BEACH		City & State JENSEN BEACH	
Zip 34957		Zip 34957	
Country US		Country US	
4. FEI Number 38-3702016		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGE, JOHN R 4340 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent Name HAGE, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 4340 NE INDIAN RIVER DRIVE City JENSEN BEACH FL 34957	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ALEXANDER, ROY 4340 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ALEXANDER, ROY 4340 NE INDIAN RIVER DR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAGE, JOHN R 4340 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAGE, JOHN R 4340 NE INDIAN RIVER DR JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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: <i>[Signature]</i>		Date: 9/1/05	

FILED

2005 NOV -3 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05

Per Art
Bailey
11/3/05