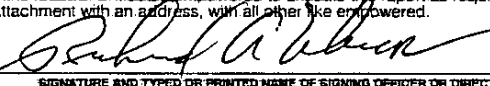


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90349 020 ***150.00

DOCUMENT # P04000097690 1. Entity Name INDIAN RIVER DEVELOPMENT COMPANY OF NEW SMYRNA BEACH, INC.					
Principal Place of Business 418 CANAL STREET NEW SMYRNA BEACH, FL 32168			Mailing Address 418 CANAL STREET NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FBI Number 20-1299077	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, SID C JR. 418 CANAL STREET NEW SMYRNA BEACH, FL 32168					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. If 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D ☐ Delete F.I. "BUZZY" HUGHES 1095 CLUBHOUSE BOULEVARD NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ☐ Delete WEAVER, RICHARD A 1430 OLD MISSION ROAD NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ☐ Delete PETERSON, SID C JR. 131 CUNNINGHAM DRIVE NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 			04-15-05 386-527-9293		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		