

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028862

FILED  
Feb 08, 2007  
Secretary of State

**Entity Name:** INDIAN RIVER INDUSTRIAL CONTRACTORS, INC.

**Current Principal Place of Business:**

6353 GREENLAND ROAD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 23086  
JACKSONVILLE, FL 322413086

**New Mailing Address:**

**FEI Number:** 20-2424834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H  
ONE INDEPENDENT DR., SUITE 2301  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLBORN, HUGH A  
Address: 6353 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ST ( ) Delete  
Name: PAINTER, ROGER W  
Address: 6353 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: CEO ( ) Delete  
Name: HUNTLEY, JAMES E JR  
Address: 6353 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: P ( ) Delete  
Name: FOLDS, JAMES W  
Address: 6353 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: EVP ( ) Delete  
Name: SWAIN, STEPHEN E  
Address: 6353 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: AS ( ) Delete  
Name: ROBERTS, SHEILA  
Address: 6353 GREENLAND ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHEILA ROBERTS

AS

02/08/2007

Electronic Signature of Signing Officer or Director

Date