

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096740

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** INDIAN RIVER GYMNASTICS ACADEMY, INC.

**Current Principal Place of Business:**

100 SEBASTIAN INDUSTRIAL PL.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

100 SEBASTIAN INDUSTRIAL PL  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 54-2177562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREVENGOED, GLENN B  
2801 OCEAN DRIVE  
SUITE 201  
VERO BEACH, FL 32963 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P.S ( ) Delete  
Name: FREY, JESSICA L  
Address: 2485 FAIRWAY DRIVE  
City-St-Zip: VERO BEACH, FL 32960

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JESSICA L. FREY

P.S

07/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date