

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000168032**

**1. Entity Name**  
**INDIAN RIVER SURVEY, INC.**



**Principal Place of Business**  
**2455 14TH AVENUE**  
**VERO BEACH, FL 32960 US**

**Mailing Address**  
**2455 14TH AVENUE**  
**VERO BEACH, FL 32960 US**



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-4028569	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**COLLINS, GEORGE G JR.**  
**756 BEACHLAND BOULEVARD**  
**VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

U000000656811  
03/14/07-80041-010 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	VSD
<b>NAME</b>	MOIA, BRUCE
<b>STREET ADDRESS</b>	2455 14TH AVE
<b>CITY-ST-ZIP</b>	VERO BEACH, FL 32960

<b>TITLE</b>	PD
<b>NAME</b>	BOWLES, AARON J
<b>STREET ADDRESS</b>	2455 14TH AVE
<b>CITY-ST-ZIP</b>	VERO BEACH, FL 32960

<b>TITLE</b>	V
<b>NAME</b>	REAGAN, MARK
<b>STREET ADDRESS</b>	2455 14TH AVE
<b>CITY-ST-ZIP</b>	VERO BEACH, FL 32960

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

772-569-0035

Daytime Phone #