

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094471

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** INDIAN RIVER INSURANCE INC.

**Current Principal Place of Business:**

2145 14TH AVENUE SUITE 11  
VERO BEACH, FL 32960

**New Principal Place of Business:**

2145 14TH AVENUE  
SUITE 11  
VERO BEACH, FL 32960

**Current Mailing Address:**

2145 14TH AVENUE SUITE 11  
VERO BEACH, FL 32960

**New Mailing Address:**

P.O. BOX 848  
VERO BEACH, FL 329620848

**FEI Number:** 35-2372925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLER, NANCY A  
2145 14TH AVENUE SUITE 11  
VERO BEACH, FL 32960 US

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

MILLER, NANCY A  
2145 14TH AVENUE  
SUITE 11  
VERO BEACH, FL 32960 US

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:**

03/19/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLER, NANCY A  
Address: 2565 RIVERVIEW CT.  
City-St-Zip: VERO BEACH, FL 32963

I hereby 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 all other like empowered.

**SIGNATURE:** NANCY ANNE MILLER

PRES

03/19/2010

Electronic Signature of Signing Officer or Director

Date