

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90022 033 ***150.00

DOCUMENT # P94000016330	2004
1. Entity Name INDIAN RIVER REALTY OF ST. LUCIE ERA INDIAN RIVER REALTY	

DO NOT WRITE IN THIS SPACE

94020369

2. Principal Place of Business FL Suite, Apt. #, etc. 4982 S. 25TH STREET City & State FT. PIERCE FL		3. Mailing Address FL Suite, Apt. #, etc. 4982 S. 25TH STREET City & State FT. PIERCE, FL	
Zip 34981-5009	Country ST. LUCIE	Zip 34981-5009	Country ST. LUCIE

4. FEI Number 65-0471292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name DE WITT, CLARENCE D.	
Street Address (P.O. Box Number is Not Acceptable) 4982 S. 25TH STREET	
City FT. PIERCE	Zip Code FL 34981

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	DATE (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D / P	NAME DE WITT, CLARENCE D.	TITLE	
STREET ADDRESS 505 EASY STREET		STREET ADDRESS	
CITY - ST - ZIP FT. PIERCE, FL 34982		CITY - ST - ZIP	
TITLE D / VP	NAME DE WITT, NANCY L.	TITLE	
STREET ADDRESS 505 EASY STREET		STREET ADDRESS	
CITY - ST - ZIP FT. PIERCE, FL 34982		CITY - ST - ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Clarence D. De Witt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CLARENCE D. DE WITT 2-23-04 772-465-5242 Date Daytime Phone #

CR2E034B (12/02)