

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 A
Secretary of State

DOCUMENT # P94000067726

1. Entity Name
INDIAN RIVER DONUTS, INC.



Principal Place of Business
900 SOUTH HIGHWAY US 1
SEBASTIAN, FL 32958

Mailing Address
900 SOUTH HIGHWAY US 1
SEBASTIAN, FL 32958



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3274088

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIGUEIREDO, DANNY C
6441 FIGUEIREDO LANE
GRANT, FLORIDA, FL 32949

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FIGUEIREDO, DANNY C 6441 FIGUEIREDO LANE GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIGUEIREDO, ANTERO 6441 FIGUEIREDO LANE GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUEIRDEO, ONEIDE 6441 FIGUEIREDO LANE GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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: *Danny Figueiredo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08
Date

321 803 4953
Daytime Phone #