

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031017

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** INDIAN RIVER AGENCY GROUP INC.

**Current Principal Place of Business:**

1 NORTH ORANGE STREET  
FELLSMERE, FL 32948 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100  
FELLSMERE, FL 32948 US

**New Mailing Address:**

**FEI Number:** 65-0664663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTFELD, PAUL A PT  
429 PAPAYA CIRCLE  
BAREFOOT BAY, FL 32976 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

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

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** MATTFELD, PAUL A PT  
**Address:** 429 PAPAYA CIRCLE  
**City-St-Zip:** BAREFOOT BAY, FL 32976

**Title:** S  
**Name:** VIRIDIANA, GAMEZ S  
**Address:** 55 NORTH OLEANDER STREET  
**City-St-Zip:** FELLSMERE, FL 32948 US

**Title:** VP  
**Name:** RICARDO, GAMEZ VP  
**Address:** 55 NORTH OLEANDER STREET  
**City-St-Zip:** FELLSMERE, FL 32948 US

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:** PAUL A MATTFELD

PT

04/27/2010

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

\_\_\_\_\_  
Date