


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90063 032 ***150.00

DOCUMENT # P96000034858 1. Entity Name THE ESTUARY OF INDIAN RIVER, INC.					
Principal Place of Business 105 RIVERMIST WAY VERO BEACH, FL 32963			Mailing Address 105 RIVERMIST WAY VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0660258	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FENNELL, TODD W ESQ. 979 BEACHLAND BLVD. VERO BEACH, FL 32963					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOERR, ROGER C 1223 RIVER REACH VERO BEACH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZEL, DOUGLAS E PO BOX 1879 WASHINGTON, MO 63090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZEL, DOUGLAS E 4525 DUBOIS CREEK LANE WASHINGTON, MO 63090		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAZEL, KAY PO BOX 1879 WASHINGTON, MO 63090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAZEL, KAY 210 LAKEVIEW WAY VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Roger C. Doerr</i> ROGER C. DOERR 1/7/08 772-234-4500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					