

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 012 ***150.00

DOCUMENT # P97000057024 1. Entity Name INDIAN RIVER BILLING, INC.					
Principal Place of Business 1406 N. PENINSULA AVE NEW SMYRNA BEACH, FL 32169			Mailing Address 1406 N. PENINSULA AVE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04222005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3459662				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSTRANDER, LAURA 1406 N. PENINSULA AVE NEW SMYRNA BEACH, FL 32169				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 _____ DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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-STATE-ZIP	D OSTRANDER, LAURA 1406 N. PENINSULA AVE NEW SMYRNA BEACH, FL 32169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Charge ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Charge ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Charge ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Charge ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Charge ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Laura Ostrander President/owner 4/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					