


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000037411 1. Entity Name INDIAN RIVER REALTY II, INC.	
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Principal Place of Business 4120 MINTON RD WEST MELBOURNE, FL 32904	Mailing Address P.O. BOX 33697 INDIALANTIC, FL 32903
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

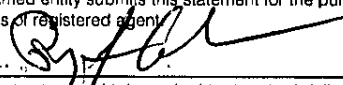
4. FEI Number 59-3506869	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLEMAN, PERRY J
2205 PINEMEADOW AVE
W MELBOURNE, FL 32904

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) 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	000000934278 02/28/08-80047-002 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, PERRY J JR 1090 N. HWY. A1A, SUITE A INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLEMAN, JUDITH 2205 PINEMEADOW MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, JUDITH 2205 PINE MEADOW MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLMARTH, ROBERT NIELSEN 261 NAYLON DR WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  2/15/08 321-723-4743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #