

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90218 004 ***150.00

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1. Entity Name
ISLAND RIVER DEVELOPMENT, INC.



Principal Place of Business
1630 CLUB DR
VERO BEACH, FL 32963

Mailing Address
P.O. BOX 643326
VERO BEACH, FL 32963

60001611



2. Principal Place of Business - No P.O. Box #

210 Spinnaker Drive

3. Mailing Address

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State

Vero Beach FL

City & State

Zip

32963

Country

Zip

Country

4. FEI Number
65-0866916

Applied For
No: Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, VINCENT J
700 28TH STREET
VERO BEACH, FL 32960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MOSS, LAWRENCE C
STREET ADDRESS 210 SPINNAKER DR
CITY-STATE-ZIP VERO BEACH, FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Charge ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Charge ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Charge ☐ Addition
NAME
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NAME
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CITY-STATE-ZIP

TITLE ☐ Charge ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #