


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000097913
 1. Entity Name
 INDIAN RIVER SHELLFISH FARM, INC.



Principal Place of Business Mailing Address
 1720 OVERLAKE AVE. 1720 OVERLAKE AVE.
 ORLANDO, FL 32806-7132 ORLANDO, FL 32806-7132

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3545269 Not Applicable

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

6. Name and Address of Current Registered Agent
 STEWART, JOHN N
 1720 OVERLAKE AVE.
 ORLANDO, FL 32806-7132

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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: *John N. Stewart* DATE: 4-28-08
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEWART, JOHN N
STREET ADDRESS	1720 OVERLAKE AVE
CITY-ST-ZIP	ORLANDO, FL 328067132
TITLE	
NAME	
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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: *John N. Stewart* DATE: 4-28-08 DAYTIME PHONE #: 407-959-0786
Signature and typed or printed name of signing officer or director