

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000063812	
1. Entity Name IRWIN VENTURES, INC.	

Principal Place of Business 2 ALFORD COURT PALM BEACH GARDENS FL 33418	Mailing Address 2 ALFORD COURT PALM BEACH GARDENS FL 33418
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0935201	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEWITT, JOHN W 10625 N. MILITARY TRAIL SUITE 208 PALM BEACH GARDENS FL 33410	
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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 signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RING, CHARLES	NAME	
STREET ADDRESS	2 ALFORD CT.	STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33418	CITY-STATE-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RING, PATRICIA I	NAME	
STREET ADDRESS	2 ALFORD COURT	STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33418	CITY-STATE-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IRWIN, RICHARD M	NAME	
STREET ADDRESS	501 LAKE STREET	STREET ADDRESS	
CITY-STATE-ZIP	WINDERMERE FL 32786	CITY-STATE-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IRWIN, DEANNE	NAME	
STREET ADDRESS	501 LAKE STREET	STREET ADDRESS	
CITY-STATE-ZIP	WINDERMERE FL 32786	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

U00000876140
04/11/08-80062-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sabrina I Ring Sec DATE: 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR