


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000075862**

1. Entity Name  
**INDIAN RIVER LOADER SERVICE, INC.**



Principal Place of Business      Mailing Address

**8801 INDRIO RD                      8801 INDRIO RD**  
**FT PIERCE, FL 34951                FT PIERCE, FL 34951**

**DO NOT WRITE IN THIS SPACE**



02092005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0942281</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUSSAKIS, NICHOLAS J**  
**8801 INDRIO RD**  
**FT PIERCE, FL 34951**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RUSSAKIS, NICHOLAS J
STREET ADDRESS	8801 INDRIO RD
CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	D
NAME	NOELKE, JOSEPH H JR
STREET ADDRESS	8801 INDRIO RD
CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	D
NAME	NOELKE, DENNIS J
STREET ADDRESS	8801 INDRIO RD
CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	D
NAME	RUSSAKIS, JIM G
STREET ADDRESS	8801 INDRIO RD
CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000287529  
04/04/05-80073-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**  **Nicholas J Russakis**    4/1/05    772-465-5355

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