

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90014 012 ***150.00

DOCUMENT # S69955

1. Entity Name

G & S INVESTMENTS OF INDIAN RIVER COUNTY, INC.



Principal Place of Business

900 9 PL
VERO BEACH FL 32960

Mailing Address

900 9 PL
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

3100 43rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Vero Beach, FL

Zip

Country

Zip

32960

Country

USA

4. FEI Number

59-3082460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, CHARLES A JR
900 9TH PLACE
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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete

NAME SULLIVAN, CHARLES A JR

STREET ADDRESS ~~1601 20TH STREET~~

CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☐ Delete

NAME SULLIVAN, MICHAEL A

STREET ADDRESS ~~369 9 CT~~

CITY-ST-ZIP VERO BEACH FL 32962

TITLE P ☐ Delete

NAME GRAVES, W. C II

STREET ADDRESS 5680 4TH ST

CITY-ST-ZIP VERO BEACH FL 32968

TITLE D ☐ Delete

NAME SULLIVAN, KATHLEEN R

STREET ADDRESS ~~875 4 ST~~

CITY-ST-ZIP VERO BEACH FL 32962

TITLE D ☐ Delete

NAME RADFORD, PATRICIA S

STREET ADDRESS ~~300 8 TERR~~

CITY-ST-ZIP VERO BCH FL 32962

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 3100 43rd Ave

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 3100 43rd Ave

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 #

1-19-05