

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 015 ***150.00

DOCUMENT # S69955

1. Entity Name

G & S INVESTMENTS OF INDIAN RIVER COUNTY,
INC.



Principal Place of Business
3100 43RD AVE
VERO BEACH FL 32960

Mailing Address
3100 43RD AVENUE
VERO BEACH FL 32960



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

4. FEI Number **59-3082460**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, CHARLES A JR
3100 43RD AVE
VERO BEACH FL 32960

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME SULLIVAN, CHARLES A JR
STREET ADDRESS 3100 43RD AVE
CITY ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SULLIVAN, MICHAEL A
STREET ADDRESS 3100 43RD AVE
CITY ST-ZIP VERO BEACH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME GRAVES, W. C II
STREET ADDRESS 5680 4TH ST
CITY ST-ZIP VERO BEACH FL 32968 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SULLIVAN, KATHLEEN R
STREET ADDRESS 3100 43RD AVE
CITY ST-ZIP VERO BEACH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RADFORD, PATRICIA S
STREET ADDRESS 3100 43RD AVE
CITY ST-ZIP VERO BCH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

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:

Patricia S. Radford 1/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #