

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69955

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** G & S INVESTMENTS OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

3100 43RD AVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

3100 43RD AVENUE  
VERO BEACH, FL 32960

**New Mailing Address:**

680 OLD DIXIE HIGHWAY  
VERO BEACH, FL 32962

**FEI Number:** 59-3082460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** SULLIVAN, CHARLES A JR  
**Address:** 3100 43RD AVE  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** D  
**Name:** SULLIVAN, MICHAEL A  
**Address:** 3100 43RD AVE  
**City-St-Zip:** VERO BEACH, FL 32962

**Title:** D  
**Name:** SULLIVAN, KATHLEEN R  
**Address:** 3100 43RD AVE  
**City-St-Zip:** VERO BEACH, FL 32962

**Title:** D  
**Name:** RADFORD, PATRICIA S  
**Address:** 3100 43RD AVE  
**City-St-Zip:** VERO BCH, FL 32962

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CHARLES A SULLIVAN JR

VP

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date