2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# V03445

Entity Name: INDIAN RIVER GROVES, INC.

Current Principal Place of Business:

425 150TH AVE
2205
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3689
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 59-3135611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAPLES, JOHN E
425 150TH AVE
2205
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

MAPLES, CAROL
425 150TH AVE
2205
MADEIRA BEACH, FL 33708 US

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: CAROL MAPLES 02/23/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PM ( ) Delete
Name: MAPLES, JOHN E SR.
Address: 6720 GREENBRIER DR.
City-St-Zip: SEMINOLE, FL 33777

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAPLES, CAROL
Address: 425 150TH AVENUE APT.#2205
City-St-Zip: MADEIRA BEACH, FL 33708

Title: S ( ) Change (X) Addition
Name: MAPLES, JOHN E JR
Address: 265 LAKEVIEW TERRACE
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 an address, with all other like empowered.

SIGNATURE: CAROL MAPLES P 02/23/2005
Electronic Signature of Signing Officer or Director Date