

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 615251

1. Entity Name
RIVERVIEW FISH CAMP, INC.



FILED

04 JAN 20 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 101 DEER TRAIL EAST SEBRING, FL 33876	Mailing Address 101 DEER TRAIL EAST SEBRING, FL 33876
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

01202004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 04-3782475

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



6. Name and Address of Current Registered Agent

HORNER, FRANKLIN M
101 DEER TRAIL EAST
SEBRING, FL 33876

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V HORNER, FRANKLIN M	<input type="checkbox"/> Delete	TITLE	V President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, FRANKLIN M		NAME	President	
STREET ADDRESS	101 DEER TRAIL EAST		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP		
TITLE	P HORNER, ROSE	<input type="checkbox"/> Delete	TITLE	P Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, ROSE		NAME	Vice Pres.	
STREET ADDRESS	101 DEER TRAIL EAST		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP		
TITLE	Treasurer Hofner, Frank	<input type="checkbox"/> Delete	TITLE	X 600027620005 01/26/04--01083--015 **378.75	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hofner, Frank		NAME		
STREET ADDRESS	101 Deer Trail E Sebring, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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: Franklin Horner

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