

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 625303 1. Entity Name RIVER GROVE, INC.					
Principal Place of Business 1609 S.E. 3RD AVENUE OCALA FL 34471			Mailing Address P.O. BOX 2077 OCALA FL 32678 US		
2. Principal Place of Business _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 59-1913198			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DARLEY, ONEIDA L. 1609 SE 3RD AVE PO BOX 2077 (MAIL) OCALA FL 32678			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 re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, JAMES H. II 721 SE 15TH AVE OCALA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000240491 02/24/05-80006-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, LOUISE 721 SE 15TH AVE OCALA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DARLEY, ONEIDA L. 2108 SE 7TH ST OCALA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, JAMES H. III 1330 SE 15 AVE OCALA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARNOLD, LAURA 751 SE 80TH ST OCALA FL 34480	☐ 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 exemption stated in Section 119.07(3)(f), 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: <i>Laura Arnold</i> 2/23/05 622-1220 (352)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E034 (10/04)