

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90044 049 \*\*\*\*61.25

DOCUMENT # 727812			
1. Entity Name DAYTONA BEACH RIVERHOUSE, INC.			
Principal Place of Business 715 SOUTH BEACH STREET DAYTONA BEACH FL 32114-5446		Mailing Address 715 SOUTH BEACH STREET DAYTONA BEACH FL 32114-5446	
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



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1701220		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOUTHEAST MANAGEMENT SERVICES, INC. 3511 S. PENINSULA DRIVE PORT ORANGE FL 32127		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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: *Lynn C. Becker / Agent* DATE: 2/20/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRDLEY, JOANN			NAME	WHITE, JAMES		
STREET ADDRESS	717 S. BEACH ST #C205			STREET ADDRESS	719 S. BEACH ST. B207		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BCH, FL 32114		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, BRUCE			NAME	HARPER, NED		
STREET ADDRESS	717 S. BEACH ST. #C301			STREET ADDRESS	721 S. BEACH ST. #A-312		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BEACH, FL. 32114		
TITLE	T	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERSHAW, CATHERINE			NAME	MC SWAIN, JOHN		
STREET ADDRESS	717 S. BEACH ST #D105			STREET ADDRESS	721 S. BEACH ST. # A-206		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BEACH, FL. 32114		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEST, EDWARD			NAME	WHITE, BERRY		
STREET ADDRESS	717 S. BEACH ST/ #C114			STREET ADDRESS	715 S. BEACH ST # D 307		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BEACH, FL. 32114		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAMKE, JASON			NAME	LARRY HOLLISTER		
STREET ADDRESS	721 S BEACH ST. #A106			STREET ADDRESS	715 S. BEACH ST. #D-308		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, DON			NAME			
STREET ADDRESS	71 S. BEACH STREET, A211			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			CITY-ST-ZIP			

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 617, 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: *Lynn C. Becker / Agent* DATE: 2/20/07 386-761-5733 XT 22  
Signature and typed or printed name of signing officer or director Daytime Phone #