

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90050 029 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 727812</b>					
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		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1701220	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOUTHEAST MANAGEMENT SERVICES, INC. 3511 S. PENINSULA DRIVE PORT ORANGE, FL 32127			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 <i>Lynn C. Becker / Agent</i>		Lynn C. BECKER / AGENT		1/24/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JAMES		NAME		
STREET ADDRESS	719 S. BEACH ST. B207		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARPER, NED		NAME		
STREET ADDRESS	721 S BEACH ST. A 312		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCSWAIN, JOHN		NAME	T. KERSHAW, CATHIE	
STREET ADDRESS	721 S. BEACH ST. A 206		STREET ADDRESS	715 S. BEACH ST. #D105	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, BERRY		NAME	S. MONTAGNA, ANNA MARIE	
STREET ADDRESS	715 S. BEACH ST #D307		STREET ADDRESS	717 S. BEACH ST. #C208	
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 checked="" type="checkbox"/> Addition
NAME	HOLLISTER, LARRY		NAME	D. WHITE, GERRY	
STREET ADDRESS	715 S BEACH ST. #D-308		STREET ADDRESS	715 S. BEACH ST. #D307	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input checked="" 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 Chapter 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: <i>Lynn C. Becker / Agent</i>		Date: 1/24/08		Daytime Phone #: 386-761-5733	
Signature and typed or printed name of signing officer or director				XT22	