

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G35891

1. Entity Name
RIVER COUNTRY MANAGEMENT, INC.



Principal Place of Business

**1313 W MIDWAY ROAD
FT PIERCE, FL 34982 US**

Mailing Address

**1313 W MIDWAY ROAD
FT PIERCE, FL 34982 US**



01082006 No Chg-P CRZE034 (11/05)

4. FET Number
59-2286385

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURPHY, TRAVIS E JR.
1313 W MIDWAY ROAD
FT PIERCE, FL 34982**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000472449
03/23/06-80037-005 158.75**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MURPHY, SHARON Y.
STREET ADDRESS	1313 W MIDWAY ROAD
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	PD
NAME	MURPHY, TRAVIS E JR
STREET ADDRESS	1313 W MIDWAY ROAD
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	DST
NAME	MURPHY, JOHN A
STREET ADDRESS	1313 W MIDWAY RD
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: *Travis E. Murphy, Jr.*
President

3/10/06 772-467-8677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #