

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 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



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2286385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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)

05/20/08 00105-019 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MURPHY, SHARON Y.
1313 W MIDWAY ROAD
FT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MURPHY, TRAVIS E JR
1313 W MIDWAY ROAD
FT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MURPHY, JOHN A
1313 W MIDWAY RD
FORT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

772.467.8677

Daytime Phone #