

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90050 033 ****61.25

DOCUMENT # N03000001959
1. Entity Name
PEACE RIVER WOODCARVERS, INC.



Principal Place of Business: 2692 HWY 70 E, LOT 639, ARCADIA FL 34266, US
Mailing Address: 2692 HWY. 70 E, LOT 639, ARCADIA FL 34266, US

JUL10000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State

4. FEI Number: **80-0058002**
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
CLIFT, DONALD C
2692 HWY. 70 E
LOT 639
ARCADIA, FL 34266

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: *Donald C. Clift* DATE: **1/25/05**
Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: COCH NAME: CLIFT, DONALD C STREET ADDRESS: 2692 HWY. 70 E LOT 639 CITY-ST-ZIP: ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE: COCH NAME: BURGESS, RICHARD C STREET ADDRESS: 3550 NE HWY 70 LOT 104 CITY-ST-ZIP: ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE: TRE NAME: HOLDERMAN, SHARON STREET ADDRESS: 2626 HWY. 70 E LOT 313 CITY-ST-ZIP: ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE: SEC NAME: MEEKS, NONA L STREET ADDRESS: 2730 SW GATOR TRAIL CITY-ST-ZIP: ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: COCH NAME: BURGESS, RICHARD C STREET ADDRESS: 2626 NE HWY 70 LOT 56 CITY-ST-ZIP: ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC NAME: BURGESS, JANE STREET ADDRESS: 2626 NE HWY 70 LOT 56 CITY-ST-ZIP: ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald C. Clift* **DONALD C. CLIFT** DATE: **1/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR