


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000045633		
1. Entity Name RIVER VIEW MANAGEMENT COMPANY		
Principal Place of Business 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112	Mailing Address 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112	



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3644341	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTLER, WILLIAM E
 1125 NORTH SUMMIT STREET
 CRESCENT CITY, FL 32112

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	DATE 05/20/08-80109-004 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, WILLIAM E 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, WARREN D 1125 N SUMMIT ST CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALL, THOMAS P 1125 N. SUMMIT ST CRESCENT CITY, FL 32112
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: William E. Butler WILLIAM E. BUTLER 4/22/08 (386) 698-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #