

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P9600066587

1. Entity Name
RIVER GROVE MOBILE HOME VILLAGE, INC.



FILED
Apr 30, 2004 08:00 AM
Secretary of State

Principal Place of Business
8440 HIGHWAY U.S. 1
SEBASTIAN, FL 32976

Mailing Address
8440 HIGHWAY U.S. 1
SEBASTIAN, FL 32976



01272004 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3397693 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONNIE E. DOUGLAS
8440 HIGHWAY U.S. 1
SEBASTIAN, FL 32976

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOUGLAS, MICHAEL
STREET ADDRESS	8440 HIGHWAY U.S. 1
CITY-ST-ZIP	SEBASTIAN, FL 32976
TITLE	D
NAME	DOUGLAS, BONNIE
STREET ADDRESS	8440 HIGHWAY U.S. 1
CITY-ST-ZIP	SEBASTIAN, FL 32976
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000145876
05-03/04-60043-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bonnie E Douglas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE E DOUGLAS

4/29-04 777-669-451
Date Dwtline Phone #