


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90025 040 ***150.00

DOCUMENT # P98000031513

1. Entity Name
BOYS OF 7 RIVERS, INC.



Principal Place of Business
**33 N. SHADOW WOOD DRIVE
 INVERNESS, FL 33450**

Mailing Address
**P.O. BOX 1327
 HERNANDO, FL 34442**

2. Principal Place of Business
1831 E HARTFORD ST

3. Mailing Address

Suite, Apt. #, etc.

City & State


City & State

Zip
34453

Country

Zip

Country



02162004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3501410

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ABEL, ERIC D ESQ
 74 W. CHASE STREET
 HERNANDO, FL 34442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2476 N ESSEX AVE.

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 _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOBIASSEN, ROY 33 N. SHADOW WOOD DRIVE INVERNESS, FL 33450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1831 E HARTFORD ST. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABEL, GLENN N 1183 N. MEDITERRANEAN WAY INVERNESS, FL 33453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 140 E IRELAND HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOX, DALE 2250 N. WATSEEDGE DRIVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 335 MAGNOLIA CIRCLE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Roy TobiasSEN* **ROY TOBIASSEN** 2-20-04 352-637-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #