

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 519403

1. Entity Name
RIVER ERROR FARMS, INC.



Principal Place of Business
PO BOX 1380
LYNN HAVEN, FL 32444

Mailing Address
P.O. BOX 1380
LYNN HAVEN, FL 32444



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2060037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARDEE, LAWRENCE A
#304 1812 S HWY 77 #115
LYNN HAVEN, FL 32444

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDEE, ALEXANDER F.
STREET ADDRESS	709 BELLEVILLE AVE
CITY - ST - ZIP	BREWTON, AL 36427
TITLE	TD
NAME	HARDEE, LAURANCE A.
STREET ADDRESS	#304 1812 S HWY 77 #115
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	SD
NAME	HARDEE, CARY A
STREET ADDRESS	215 SE PINCKNEY ST
CITY - ST - ZIP	MADISON, FL 32340
TITLE	VD
NAME	HARDEE, JAMES E., JR.
STREET ADDRESS	RT 3 BOX 776
CITY - ST - ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/05-80031-016 150.00

**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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05