

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90022 022 ***150.00

DOCUMENT # P98000080398					
1. Entity Name RIVERCREST CORPORATION					
Principal Place of Business 988 BOULEVARD OF THE ARTS #1917 SARASOTA, FL 34236			Mailing Address 988 BOULEVARD OF THE ARTS #1917 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1780 SPRING CREEK DR.		3. Mailing Address 1780 SPRING CREEK DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052007 Chg-P CR2E034 (12/06)	
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0867670	
Zip 34239		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINER, JONATHAN 988 BOULEVARD OF THE ARTS #1917 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1780 SPRING CREEK DR City SARASOTA FL Zip Code 34235		
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: <i>Jonathan Winer</i> (NOTE: Registered Agent signature required when reinstating) DATE: 05-04-07					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WINER, JONATHAN 988 BLVD OF THE ARTS #1917 SARASOTA, FL 34236 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1780 SPRING CREEK DR SARASOTA FL 34236 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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: <i>Jonathan Winer</i> 05-04-07 941.400.8536 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					