

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 590934

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC2934683189**

**Entity Name:** RIVES & RIVES, P.A.

**Current Principal Place of Business:**

1265 S.MYRTLE AVE.  
CLEARWATER, FL 33756

**Current Mailing Address:**

1265 S.MYRTLE AVE.  
CLEARWATER, FL 33756 US

**FEI Number:** 59-1856101

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVES, HOWARD P.,III  
1265 S.MYRTLE AVE.  
CLEARWATER, FL 33756 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name RIVES, HOWARD P III  
Address 1265 S.MYRTLE AVE.  
City-State-Zip: CLEARWATER, FL 00000 33756

Title VP  
Name RIVES, MARIE T.  
Address 1265 S. MYRTLE AVE.  
City-State-Zip: CLEARWATER FL 33756

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD P RIVES III

P

03/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date