

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063921

Entity Name: WIND RIVER INC.**Current Principal Place of Business:**104 CAPRI ISLE BLVD UNIT 109
VENICE, FL 34292**Current Mailing Address:**P.O. BOX 38
NOKOMIS, FL 34274**FEI Number:** 61-1568690**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAASCH, SANDY
333 TAMiami TRAIL,
STE. 257
VENICE, FL 34285 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	PCEO
Name	SCHRECKENGHAUST, REX
Address	P.O. BOX 38
City-State-Zip:	NOKOMIS FL 34274

Title	VP
Name	ROYALTY, ED
Address	4716 WILLIAMS ST
City-State-Zip:	RAPID CITY SD 57703

Title	TREASURER
Name	SCHRECKENGHAUST, SHIRLEY
Address	P.O. BOX 38
City-State-Zip:	NOKOMIS FL 34274

Title	DIRECTOR
Name	KNUEPPEL, CALVIN
Address	P.O. BOX 38
City-State-Zip:	NOKOMIS FL 34274

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: REX SCHRECKENGHAUST**PRESIDENT****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date