


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 247722					
1. Entity Name RIVER RETREATS, INC.					
Principal Place of Business 3RD ST., W. - AVENUE D, NORTH HARBOR BREEZE CARRABELLE FL 32322 US			Mailing Address P. O. BOX 645 3RD ST., W. - AVENUE D NORTH CARRABELLE FL 32322 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1470733	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARDY, RALPH E 3RD ST. WEST & AVENUE D NORTH CARRABELLE FL 32322			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, RALPH		NAME		
STREET ADDRESS	3RD ST WEST & AVE D NORTH, P O BOX 645 N/A		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, BRIAN S		NAME		
STREET ADDRESS	3RD ST WEST & AVE D NORTH, P O BOX 645 N/A		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, CATHERINE		NAME		
STREET ADDRESS	3RD ST W AVE D NORTH, P O BOX 645		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, TAMMI L		NAME		
STREET ADDRESS	3RD ST. WEST AND AVE. D N., PO BOX 645		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Brian S. Hardy</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 2-9-04 Daytime Phone # 850-697-2886		



MOORE CR2E034 (11/03)

59-1470733 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: **HARDY, RALPH E, 3RD ST. WEST & AVENUE D NORTH, CARRABELLE FL 32322**

7. Name and Address of New Registered Agent: Name, Street Address, 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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, RALPH		NAME		
STREET ADDRESS	3RD ST WEST & AVE D NORTH, P O BOX 645 N/A		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, BRIAN S		NAME		
STREET ADDRESS	3RD ST WEST & AVE D NORTH, P O BOX 645 N/A		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, CATHERINE		NAME		
STREET ADDRESS	3RD ST W AVE D NORTH, P O BOX 645		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, TAMMI L		NAME		
STREET ADDRESS	3RD ST. WEST AND AVE. D N., PO BOX 645		STREET ADDRESS		
CITY - ST - ZIP	CARRABELLE FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: *Brian S. Hardy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-9-04** Daytime Phone # **850-697-2886**