

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90051 012 ***150.00



DOCUMENT # 247722
 1. Entity Name
RIVER RETREATS, INC.

Principal Place of Business Mailing Address
3RD ST., W. - AVENUE D, NORTH **P. O. BOX 645**
HARBOR BREEZE **3RD ST., W. - AVENUE D NORTH**
CARRABELLE FL 32322 **CARRABELLE FL 32322**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 645**
3RD ST. W - AVE. D NORTH

1st MOORE CR2E034 (10/07)

City & State **CARRABELLE, FL.**

4. FEI Number **59-1470733** Applied For
 Not Applicable

Zip **32322** Country

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 (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 agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARDY, RALPH 3RD ST WEST & AVE D NORTH, P O BOX 645 N/A CARRABELLE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HARDY, BRIAN S 3RD ST WEST & AVE D NORTH, P O BOX 645 N/A CARRABELLE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDY, CATHERINE 3RD ST W AVE D NORTH, P O BOX 645 CARRABELLE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARDY, TAMMI L 3RD ST. WEST AND AVE. D N., PO BOX 645 CARRABELLE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brian S. Hardy **BRIAN S. HARDY** **4-7-08** **850-697-2886**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation