

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 247722

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: RIVER RETREATS, INC.

## Current Principal Place of Business:

3RD ST., W. - AVENUE D, NORTH  
HARBOR BREEZE  
CARRABELLE, FL 32322 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 612  
3RD ST. W-AVE D NORTH  
CARRABELLE, FL 32322 US

## New Mailing Address:

FEI Number: 59-1470733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDY, RALPH E  
3RD ST. WEST & AVENUE D NORTH  
CARRABELLE, FL 32322 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P  
Name: HARDY, RALPH  
Address: 3RD ST WEST & AVE D NORTH, P O BOX 612  
City-St-Zip: CARRABELLE, FL 32322 US

Title: V  
Name: HARDY, BRIAN S  
Address: 3RD ST WEST & AVE D NORTH, P O BOX 612  
City-St-Zip: CARRABELLE, FL 32322 US

Title: D  
Name: HARDY, CATHERINE  
Address: 3RD ST W AVE D NORTH, P O BOX 612  
City-St-Zip: CARRABELLE, FL 32322 US

Title: T  
Name: HARDY, TAMMI L  
Address: 3RD ST. WEST AND AVE. D N., PO BOX 612  
City-St-Zip: CARRABELLE, FL 32322 US

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: BRIAN S. HARDY

V

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date