

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 383497

1. Entity Name
RIVER HOUSE MARKETING CORPORATION



Principal Place of Business
10880 ORANGE AVE
FORT PIERCE, FL 34945

Mailing Address
10880 ORANGE AVE
FORT PIERCE, FL 34945

FILED

05 SEP 13 PM 12:04

SECRETARY STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08292005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2634820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HAIRE, MICHAEL
3103 CARDINAL DRIVE
VERO BEACH, FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

3111 CARDINAL DRIVE

City

FL

Zip Code

32963

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
NAME DS
STREET ADDRESS MORRISON, BARBARA J
CITY-ST-ZIP 2029 CLUB DR.
VERO BEACH, FL 32963 ☐ Delete

TITLE
NAME D/P/S
STREET ADDRESS MORRISON, BARBARA M.
CITY-ST-ZIP 90 600 RIOMAR DR. #8
VERO BEACH, FL 32963 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS LUCIE, SHARON M
CITY-ST-ZIP 3935 ORTEGA BLVD.
JACKSONVILLE, FL 32210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS WILLIAMS, LYNN
CITY-ST-ZIP 2029 CLUB DR.
VERO BEACH, FL 32963 ☐ Delete

TITLE
NAME D/V
STREET ADDRESS WILLIAMS, LYNN B.
CITY-ST-ZIP 600 RIOMAR DR. #8
VERO BEACH, FL 32963 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS BECKLEY, JAMES
CITY-ST-ZIP 10880 ORANGE AVE
FORT PIERCE, FL 34945 ☐ Delete

TITLE
NAME T
STREET ADDRESS BECKLEY, JAMES M.
CITY-ST-ZIP 10880 ORANGE AVE.
FORT PIERCE, FL 34945 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 400059872494
09/22/05--01041--021 **\$1.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. BECKLEY

7/10/09

Date

772-461-1042

Daytime Phone #