


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 033 ***150.00

DOCUMENT # 516804	
1. Entity Name SUWANNEE RIVER BEND, INC.	

Principal Place of Business 412 N E 16TH AVE STE 130 GAINESVILLE, FL 32601	Mailing Address 412 N E 16TH AVE STE 130 GAINESVILLE, FL 32601
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44010668



2. Principal Place of Business 4127 NW 27th Ln.	3. Mailing Address PO Box 357845
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State Gainesville FL	City & State Gainesville FL
Zip 32606	Zip 32635
Country USA	Country USA

4. FEI Number 59-1706339	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601	
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7. Name and Address of New Registered Agent Name Dennis G. Lee Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln. Suite A City Gainesville FL Zip Code 32606	
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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 Dennis G. Lee <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Dennis G. Lee 4127 NW 27th Ln Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LEE, CARIDAD 412 NE 16 AVENUE GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Caridad Lee 4127 NW 27th Ln. Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIES, LISA S 412 N.E. 16 AVENUE GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa S. Davies 4127 NW 27th Ln. Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Dennis G. Lee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/29/04 Daytime Phone # 352-334-1976