


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 Mailing Address
412 N E 16TH AVE **412 N E 16TH AVE**
STE 130 **STE 130**
GAINESVILLE, FL 32601 **GAINESVILLE, FL 32601**

44010668



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

01222004 Chg-P CR2E034 (10/03)

City & State City & State
Gainesville FL **Gainesville FL**

4. FEI Number Applied For
59-1706339 Not Applicable

Zip Country Zip Country
32606 **USA** **32635** **USA**

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

6. Name and Address of Current Registered Agent
LEE, DENNIS G.
412 N.E. 16TH AVE.
GAINESVILLE, FL 32601

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**

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** **Dennis G. Lee** **1/29/04** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	DPS LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE, FL	<input type="checkbox"/> Delete
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	AS DAVIES, LISA S 412 N.E. 16 AVENUE GAINESVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 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	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"/> Change <input type="checkbox"/> Addition
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"/> 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** **Dennis G. Lee** **1/29/04** **352-334-1976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #