

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90192 033 ***150.00

DOCUMENT # 519403

1. Entity Name
RIVER ERROR FARMS, INC.



Principal Place of Business
**PO BOX 1380
LYNN HAVEN, FL 32444**

Mailing Address
**P.O. BOX 1380
LYNN HAVEN, FL 32444**

94070113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2060037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARDEE, LAWRENCE A
1614 OHIO AVE
LYNN HAVEN, FL 32444**

7. Name and Address of New Registered Agent

Name

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

#304

1812 S. Hwy 77 #115

City **LYNN HAVEN**

FL

Zip Code **32444**

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

Lawrence A. Hardee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

**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 **PD** ☐ Delete
NAME **HARDEE, ALEXANDER F.**
STREET ADDRESS **709 BELLEVILLE AVE**
CITY-ST-ZIP **BREWTON, AL 36427**

TITLE **TD** ☐ Delete
NAME **HARDEE, LAURANCE A.**
STREET ADDRESS **1614 OHIO AVE**
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE **SD** ☐ Delete
NAME **HARDEE, CARY A**
STREET ADDRESS **215 SE PINCKNEY ST.**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **VD** ☐ Delete
NAME **HARDEE, JAMES E., JR.**
STREET ADDRESS **RT 3 BOX 776**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **TD** ☒ Change ☐ Addition
NAME **HARDEE, LAURANCE A.**
STREET ADDRESS **#304 1812 S. Hwy 77 #115**
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

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

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

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

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

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

Lawrence A. Hardee
TD

Date

Daytime Phone #

4-26-04