2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 519403

1. Entity Name
RIVER ERROR FARMS, INC.

Principal Place of Business	Mailing Address
PO BOX 1380 LYNN HAVEN, FL 32444	P.O. BOX 1380 LYNN HAVEN, FL 32444

04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
#304 1812 S HWY 77 #115
LYNN HAVEN, FL 32444

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000533212
05/06/06-80115-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDEE, ALEXANDER F.
STREET ADDRESS	709 BELLEVILLE AVE
CITY-ST-ZIP	BREWTON, AL 36427
TITLE	TD
NAME	HARDEE,LAURANCE A.
STREET ADDRESS	#304 1812 S HWY 77 #115
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	SD
NAME	HARDEE, CARY A
STREET ADDRESS	215 SE PINCKNEY ST
CITY-ST-ZIP	MADISON, FL 32340
TITLE	VD
NAME	HARDEE, JAMES E., JR.
STREET ADDRESS	RT 3 BOX 776
CITY-ST-ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ LAURANCE A. HARDEE 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #