## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 519403**

Title:

Name: Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Nan	ne: RIVER ER	ROR FARMS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
PO BOX 1380 LYNN HAVEN, FL 32444				2310 HWY 77 #110 LYNN HAVEN, FL 32444			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 1 LYNN HAV	380 EN, FL 32444						
FEI Number:	59-2060037	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HARDEE, LAWRENCE A #304 1812 S HWY 77 #115 LYNN HAVEN, FL 32444 US				HARDEE, LAURANCE A #304 2310 S HWY 77 #110 LYNN HAVEN, FL 32444 US			
The above in the State		ubmits this statement for the pu	urpose of changing	its registered	office or registered agent, or both,		
SIGNATURE: LAURANCE A. HARDEE				04/28/2009			
	Electroni	c Signature of Registered Ager	nt		Date		
Election Carr	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () HARDEE, ALEX/ 709 BELLEVILLI BREWTON, AL	E AVE	Title: Name: Address: City-St-Zip:		) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TD () HARDEE,LAURA #304 1812 S HW LYNN HAVEN, F	/Y 77 #115	Title: Name: Address: City-St-Zip:	HARDEE,LAUF #304 2310 S F	WY 77 #110		
Title: Name: Address: City-St-Zip:	SD () HARDEE, CARY 215 SE PINCKN MADISON, FL 3	EY ST	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LAURANCE A. HARDEE TD 04/28/2009

() Delete

HARDEE, JAMES E., JR.

MADISON, FL 32340

RT 3 BOX 776

() Change () Addition