

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 625303



1. Entity Name
RIVER GROVE, INC.

Principal Place of Business
**1609 S.E. 3RD AVENUE
OCALA FL 34471**

Mailing Address
**P.O. BOX 2077
OCALA FL 32678
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1913198**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARLEY, ONEIDA L.
1609 SE 3RD AVE
PO BOX 2077 (MAIL)
OCALA FL 32678**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WILLIAMS, JAMES H. II
STREET ADDRESS 721 SE 15TH AVE
CITY-ST-ZIP Ocala FL

TITLE VD ☐ Delete
NAME WILLIAMS, LOUISE
STREET ADDRESS 721 SE 15TH AVE
CITY-ST-ZIP Ocala FL

TITLE STD ☐ Delete
NAME DARLEY, ONEIDA L.
STREET ADDRESS 2108 SE 7TH ST
CITY-ST-ZIP Ocala FL

TITLE VD ☐ Delete
NAME WILLIAMS, JAMES H. III
STREET ADDRESS 1330 SE 15 AVE
CITY-ST-ZIP Ocala FL

TITLE VD ☐ Delete
NAME ARNOLD, LAURA
STREET ADDRESS 751 SE 80TH ST
CITY-ST-ZIP Ocala FL 34480

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**000000665417
03/23/07-80028-016 150.00**

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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

352-6221220

Date

Daytime Phone