

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 FEB 24 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 644942

1. Entity Name
ST. MARY'S RIVER BLUFFS, INC.



Principal Place of Business
11635 NW 1ST AVE
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST AVE
GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1979534

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURTIS, JOHN M
11635 NW 1ST AVE
GAINESVILLE, FL 32607

DO NOT WRITE
IN THIS SPACE

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, 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	SD YARBROUGH, ED RT. 1, BOX 70 SANDERSON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHODEN, THOMAS 789 6TH ST S; POB 386 MACCLENNY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CURTIS, GAIL W 11635 NW 1ST AVE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700029936357
03/05/04--01011--020 **150.00

DO NOT WRITE
IN THIS SPACE

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

John M. Curtis
President

01/23/04

352-332-0838

Date

Daytime Phone #