

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
05 APR 20 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 644942</b> 1. Entity Name <b>ST. MARY'S RIVER BLUFFS, INC.</b>					
Principal Place of Business <b>11635 NW 1ST AVE GAINESVILLE, FL 32607</b>			Mailing Address <b>11635 NW 1ST AVE GAINESVILLE, FL 32607</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1979534</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 32607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD YARBROUGH, ED RT. 1, BOX 70 SANDERSON, FL 00000,		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RHODEN, THOMAS 789 6TH ST S; POB 386 MACCLENNY, FL 00000,		400054235424 05/10/05--01094--019 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 00000,		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CURTIS, GAIL W 11635 NW 1ST AVE GAINESVILLE, FL 00000,		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			John M. Curtis President/Director 04/18/05 352-332-0838 <small>Date Daytime Phone #</small>		