

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**BK**

**FILED**

**07 APR 16 AM 8:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1979534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

**BK**

**800101771629  
05/08/07--01008--025 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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:**

**John M. Curtis**  
**President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/2007**  
Date

**352-332-0838**  
Daytime Phone #