

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 647373

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** NORTH RIVER FISHERIES, INC.

**Current Principal Place of Business:**

1080 NORTH ELDER RD.  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 470002  
LAKE MONROE, FL 32747 US

**New Mailing Address:**

**FEI Number:** 59-2024953      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOSTON, JAMES O JR.  
1080 N. ELDER RD.  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BOSTON, JAMES O JR  
**Address:** BOX 470002  
**City-St-Zip:** LAKE MONROE, FL 32747 US

**Title:** VPTS  
**Name:** BOSTON, LINDA J  
**Address:** 1045 NORTH ELDER RD  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** TREA  
**Name:** BOSTON, RANDALL A SR.  
**Address:** 4250 SCHOOL ROAD  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** SEC  
**Name:** DEBORAH, MERRYFIELD L MRS  
**Address:** 1616 WEST ROAD  
**City-St-Zip:** SUFFOLK, VA 23436 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES O. BOSTON JR

P

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date