

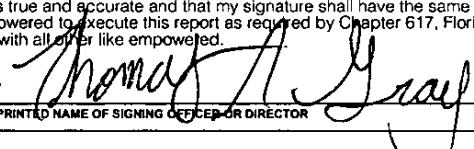


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90341 029 ****70.00

DOCUMENT # 736577 1. Entity Name PEACE RIVER MAINTENANCE INC.					
Principal Place of Business LIVINGSTON STREET P.O. BOX 2969 ARCADIA, FL 33821			Mailing Address LIVINGSTON STREET P.O. BOX 2969 ARCADIA, FL 34266 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		City	
4. FEI Number 59-2413352		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHILL, RICK 1442 NW FARRENS DRIVE ARCADIA, FL 34266			7. Name and Address of New Registered Agent Name Pollard, John Street Address (P.O. Box Number is Not Acceptable) 4076 NW North Road City Arcadia FL Zip Code 34266		
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 JOHN POLLARD, PRESIDENT Signature, typed or printed name of registered agent and title if applicable.					
<div style="text-align: center;">  <div style="display: inline-block; vertical-align: middle;"> 3/22/06 DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAXWELL, SUE E 4981 NW NORTH ROAD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAVALLEE, TIMOTHY 1807 GOATHILL ROAD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOHN 4224 NW NORTH ROAD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, MARIE A 4923 NW NORTH ROAD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHILL, RICK 1442 NW FARRENS DR ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAY, THOMAS 24403 JEAN LAFITTE BLVD. PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YUROSKO, JOHN 2400 KILPATRICK ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLARD, JOHN 4076 NW NORTH ROAD ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, MARIE A 4923 NW NORTH ROAD ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUROSKO, JOHN 2400 KILPATRICK ROAD NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVALLEE, TIMOTHY 1807 NW GOATHILL ROAD ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVOY, WILLIAM 1596 GOATHILL ROAD ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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: THOMAS GRAY, D/T Signature and typed or printed name of signing officer or director					
<div style="text-align: center;">  <div style="display: inline-block; vertical-align: middle;"> 3/22/06 941 505 7711 Date Daytime Phone # </div> </div>					

ADDITIONAL DIRECTORS LIST CONTINUED
2006 ANNUAL REPORT

ATTACHMENT

20027645
#736577

D
SHERWIN, PHILIP
1227 SE 2nd PLACE
CAPE CORAL FL 33990

☐ Change ☐ Addition

☒ NO CHANGE