2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

Feb 19, 2008 8:00 am Secretary of State **DOCUMENT # 736577** 1. Entity Name 02-19-2008 90030 017 ****61.25 PEACE RIVER MAINTENANCE INC. Principal Place of Business Mailing Address LIVINGSTON STREET P.O. BOX 2969 ARCADIA FL 33821 LIVINGSTON STREET P.O. BOX 2969 ARCADIA FL 34266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2413352 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, JOHN 4224 NW NORTH RD Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 34266 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed hank of registered givent and title. Lappicable. DATE (NOTE: Registered Agent signature (educed when registating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change JONES, JOHN NAME NAME STREET ADDRESS 4224 NW NORTH RD STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE SPIEGEL SPIRGEL, BILL SPIEBEL, BILL 1919 NW GOATHILL ST NAME STREET ADDRESS 1919 NW GOATHILL ST EET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP -\$7-ZIP ARCADIA FL 34266 TD ☐ Change neitibbA [] Delete HEINLEIN, WALTER NAME NAME STREET ADDRESS 3864 NW SOUTH FORK RD STREET ADDRESS ARCADIA FL 34266 CITY - ST - 782 CITY-ST-ZP VPD TOTAL Delete TITLE ☐ Change □ Addition HOPPER, PAUL NAME NAME STREET ADDRESS 4282 NW NORTH RD STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE Delete TITLE Change C Addition PAFFORD, THOMAS NAME NAME 4152 NW NORTH RD STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

WALTER J. HEINLEIN 2/9/08

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.