

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736577

FILED
Jan 12, 2009
Secretary of State

Entity Name: PEACE RIVER MAINTENANCE INC.

Current Principal Place of Business:

LIVINGSTON STREET
P.O. BOX 2969
ARCADIA, FL 33821

New Principal Place of Business:

LIVINGSTON STREET
BX2969
ARCADIA, FL 34265 US

Current Mailing Address:

LIVINGSTON STREET
P.O. BOX 2969
ARCADIA, FL 34266 US

New Mailing Address:

LIVINGSTON STREET
P.O. BOX 2969
ARCADIA, FL 34265 US

FEI Number: 59-2413352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JOHN
4224 NW NORTH RD
ARCADIA, FL 34266 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: CD () Delete
Name: JONES, JOHN
Address: 4224 NW NORTH RD
City-St-Zip: ARCADIA, FL 34266

Title: SD () Delete
Name: SPIEGEL, BILL
Address: 1919 NW GOATHILL ST
City-St-Zip: ARCADIA, FL 34266

Title: TD () Delete
Name: HEINLEIN, WALTER
Address: 3864 NW SOUTH FORK RD
City-St-Zip: ARCADIA, FL 34266

Title: VPD () Delete
Name: HOPPER, PAUL
Address: 4282 NW NORTH RD
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: PAFFORD, THOMAS
Address: 4152 NW NORTH RD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER HEINLEIN

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date