2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821753

Entity Name: PALM RIVER ESTATES INC

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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321 VIKING WAY 255 COCOHATCHEE DRIVE

NAPLES, FL 33942 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

321 VIKING WAY 255 COCOHATCHEE DRIVE NAPLES, FL 33942 NAPLES, FL 34110

FEI Number: 59-1216822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FEJES, DEAN W.
321 VIKING WAY
NAPLES, FL 34110

FEJES, DEAN W.
255 COCOHATCHEE DRIVE
NAPLES, FL 34110

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: 01/06/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 JELENIK, J.,
 Name:

 Address:
 1701 N MAIN STREET
 Address:

 City-St-Zip:
 ORRVILLE, OH 44667
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: SMITH, E A, Name: SMITH, E A,

Address: 356 CROMWELL CT Address: 8787 BAY COLONY DR.#101

City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34108

Title: AST () Delete Title: AST (X) Change () Addition

Name: FEJES, D., Name: FEJES, D.,

 Address:
 321 VIKING WAY
 Address:
 255 COCOHATCHEE DRIVE

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN W. FEJES AST 01/06/2004