

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT# F02000000623	
1. EntityName RIVERBENDMOBILEHOMEVILLAGE, INC.	

PrincipalPlaceofBusiness 1941SE36THTERRACE CAPECORAL, FL33904	MailingAddress 227SOUTHWINDPLACE MANHATTAN, KS66503
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DO NOT WRITE IN THIS SPACE



02082004 NoChg-P CR2E034(10/03)

4. FEINumber 48-0817116	☐ AppliedFor ☐ NotApplicable
5. CertificateofStatusDesired	☐ \$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent MOSKE, DANIELL 1941SE36THTERRACE CAPECORAL, FL33904	DO NOT WRITE IN THIS SPACE
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8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent, orboth, intheStateof Florida. Iamfamiliarwith, andaccept theobligationsofregisteredagent.

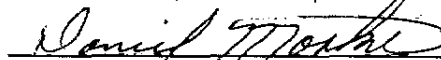
SIGNATURE	Signature, typed or printed name of registered agent and title of applicable	(NOTE: Registered Agent's signature required where	instating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees	U000000075416 03/03/04-80058-024 150.00
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10. OFFICERSANDDIRECTORS	
TITLE	PSTD
NAME	MOSKE, DANIELL
STREETADDRESS	1941SETERRACE
CITY- ST- ZIP	CAPECORAL, FL
TITLE	
NAME	
STREETADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

12. IherbycertifythattheinformationssuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i), FloridaStatutes. Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath, thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607, FloridaStatutes, and thatmynameappearsinBlock 10orBlock 11ii

SIGNATURE: 	2-28-04	941-549-6192
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR	Date	DaytimePhone#