


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 032 ***150.00

DOCUMENT # F05000002290			
1. Entity Name RIVERBEND ACQUISITION CORPORATION			
Principal Place of Business 49 ROYAL PALM POINTE #204 VERO BEACH, FL 32960		Mailing Address 49 ROYAL PALM POINTE #204 VERO BEACH, FL 32960	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		02252008 Chg-P CR2E034 (12/06) Applied For Not Applicable	
4. FEI Number 20-4167061		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331		Name HENRY D. CLARKE, JR. Street Address (P.O. Box Number is Not Acceptable) 49 ROYAL PALM POINTE # 204 City VERO BEACH FL Zip Code 32960	
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 <i>Henry D. Clarke</i> PRESIDENT		DATE 2/26/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID D	NAME	
STREET ADDRESS	49 ROYAL PALM POINTE #204	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	DP S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, HENRY D	NAME	CLARKE, HENRY D
STREET ADDRESS	49 ROYAL PALM POINTE #204	STREET ADDRESS	49 ROYAL PALM POINTE # 204
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	DS <input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY A/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DONNA L	NAME	CLARKE, DONNA L
STREET ADDRESS	49 ROYAL PALM POINTE #204	STREET ADDRESS	49 ROYAL PALM POINTE #204
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	EHRMANN, RALPH RM
STREET ADDRESS		STREET ADDRESS	49 ROYAL PALM POINTE #204
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MURPHY, DAVID B
STREET ADDRESS		STREET ADDRESS	49 ROYAL PALM POINTE # 204
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 607, 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: <i>Henry D. Clarke</i>		HENRY D. CLARKE, JR 2/26/08 772-770-1107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	