2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F32535

1. Entity Name
RIVA FENCE, INC.

Principal Place of Business	Mailing Address
916 NORTH UNITED STATES 1 UNIT 10 ORMOND BEACH, FL 32174	916 NORTH UNITED STATES 1 UNIT 10 ORMOND BEACH, FL 32174

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2120695	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIVA, STANLEY J
916 N US 1
ORMOND BCH, FL
ORMOND BEACH, FL 32174

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000387605
01/19/06-80044-021 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PO
NAME	RIVA, STANLEY J
STREET ADDRESS	916 N. US 1
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	S
NAME	RIVA, KAREN
STREET ADDRESS	6 SPIVEYS CT
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: _Stanley J. Riva_   _1-13-06_   _386-673-0711_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #