

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90528 014 ***150.00

DOCUMENT # F76355

1. Entity Name

RIVERS FOLIAGE, INC.



Principal Place of Business

2292 GREENLEAF RD
ZOLFO SPGS FL 33890
US

Mailing Address

2292 GREENLEAF RD
WAUCHULA FL 33873
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2093377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERS, DELENA L
2292 GREENLEAF RD
WAUCHULA FL 33873-8263

Name
Rivers, Delena

Street Address (P.O. Box Number is Not Acceptable)
3901 Santiago St

City
Sebring

FL Zip Code
33872

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

Delena Rivers

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RIVERS, DELENA
STREET ADDRESS 2292 GREENLEAF RD
CITY-ST-ZIP WAUCHULA FL 33873-8263

TITLE SD ☐ Delete
NAME RIVERS, DELENA
STREET ADDRESS 2292 GREENLEAF RD
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE VD ☐ Delete
NAME RASMUSSEN, COLE
STREET ADDRESS 797 N. ED WELLS RD.
CITY-ST-ZIP WAUCHULA FL 33873

TITLE SD ☒ Delete
NAME YOWN, CLEM L
STREET ADDRESS 2292 GREENLEAF RD.
CITY-ST-ZIP WAUCHULA FL 33873-8263

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME *Rivers, Delena*
STREET ADDRESS *3901 Santiago St*
CITY-ST-ZIP *Sebring, FL 33872*

TITLE SD ☒ Change ☐ Addition
NAME *Rivers, Delena*
STREET ADDRESS *3901 Santiago St*
CITY-ST-ZIP *Sebring, FL 33872*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Delena Rivers *Delena Rivers* *4/22/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #