2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G39712

1. Entity Name
RIVER WATCH CORP.

Principal Place of Business	Mailing Address
40 CUTTERMILL RD SUITE 201 GREAT NECK, NY 11021 US	40 CUTTERMILL RD SUITE 201 GREAT NECK, NY 11021 US

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
58-1575532	Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 Fee will be $550.00

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

04/11/05-80001-001 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	BLUM, BENTLEY J	
STREET ADDRESS	15811 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND, FL	
TITLE	VP	
NAME	KARLIK, JERRY	
STREET ADDRESS	40 CUTTERMILL RD, 201	
CITY-ST-ZIP	GREAT NECK, NY 11021	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: _____ Jerry Karlik, V.P. 4/6/05 516-482-5995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #