

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G48480**

1. Entity Name  
**RIVERCRAFT, INC.**



Principal Place of Business  
**7429 E HIGHWAY 22  
PANAMA CITY, FL 32404**

Mailing Address  
**7429 E HIGHWAY 22  
PANAMA CITY, FL 32404**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2397883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BARKER, BARBARA A MRS  
7429 E. HWY. 22  
PANAMA CITY, FL 32401**

**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

*Barbara Barker* Pres / S/T

04-15-08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000899433

04/28/08-80039-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
BARKER, BARBARA A MRS  
7429 E HWY 22  
PANAMA CITY, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPRE  
BARKER, RICHARD G SR  
7429 E HIGHWAY 22  
PANAMA CITY, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/T  
BARKER, BARBARA A MRS  
7429 E. HWY 22  
PANAMA CITY, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVP  
WEST, RAY B  
821 VANN DR.  
WEWAHITCHKA, FL 32465**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVP  
DENNY, JAMES F  
5914 SUZANNA DR.  
PANAMA CITY, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVP  
NELSON, EDDIE  
3120 W. 21ST COURT  
PANAMA CITY, FL 32405**

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Barbara Barker* Barbara Barker

04-15-08

850-871-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #