

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # H48088

1. Entity Name
**RIVERVIEW PUMP, WELL & SEPTIC TANK COMPANY,
INC.**



Principal Place of Business

**% JAMES R. WHITE
2356 SOUTEL DR.
JACKSONVILLE, FL 32208**

Mailing Address

**% JAMES R. WHITE
2356 SOUTEL DR.
JACKSONVILLE, FL 32208**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1001742

Applied For
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

**WHITE, JAMES R.
2365 SOUTEL DR.
JACKSONVILLE, FL 32208**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000919165
05/13/08-80112-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, JAMES R SR.
STREET ADDRESS 2356 SOUTEL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE S
NAME WHITE, LISA J
STREET ADDRESS 2356 SOUTEL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE TD
NAME WHITE, JOSEPH L
STREET ADDRESS 2356 SOUTEL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

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 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:

[Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

904-764-4568

Daytime Phone #