


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # H51110 1. Entity Name RIVER BRITE SALES, INC.	
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Principal Place of Business 150 N GRAVES ROAD FT PIERCE, FL 34945 US	Mailing Address PO BOX 2667 FT PIERCE, FL 34954 US
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06082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2508900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FENNELL, DARRELL 979 BEACHLAND BLVD. VERO BEACH, FL 32963
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST SCHIRARD, J. BRANTLEY 1108 TRINIDAD AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRUBB, LORI L. 3715 CREEKSIDE DR SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/13/05-80002-023 150.00

**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)(f), 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: Lori S. Grubb 6/8/05 (772) 595-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #