

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # J32426

1. Entity Name
NEW RIVER PROPERTIES, INC.



Principal Place of Business
**POST OFFICE BOX 311
LAKE BUTLER, FL 32054 US**

Mailing Address
**POST OFFICE BOX 311
LAKE BUTLER, FL 32054 US**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2714697

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRITCHETT, M. H.
1050 SOUTHEAST 6TH STREET
LAKE BUTLER, FL 32054**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRITCHETT, MARVIN
STREET ADDRESS	1050 SE 6TH STREET
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	P
NAME	PRITCHETT, M.H.
STREET ADDRESS	1050 SOUTHEAST 6TH STREET
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	S
NAME	SHADD, JOHN .
STREET ADDRESS	POST OFFICE BOX 506
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000525100
05/04/06-80016-021 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20 /06

386-496-2630

Date

Daytime Phone #

M.H. Pritchett