

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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**



04242008 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, 2008 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	

1100000940508
05/28/08-80068-024 150.00

**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

4/29/08
Date

386-496-2630
Daytime Phone #