


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J91834</b>	
1. Entity Name RIVERVIEW MEMORIAL PARK, INC.	

Principal Place of Business % RICHARD F. HAISLEY 3015 OKEECHOBEE ROAD FORT PIERCE, FL 34947-4616	Mailing Address % RICHARD F. HAISLEY 3015 OKEECHOBEE ROAD FORT PIERCE, FL 34947-4616
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**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0014145	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  HAISLEY, RICHARD F. 3015 OKEECHOBEE ROAD FORT PIERCE, FL 33450
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000166521 07/15/04-80012-004 \$50.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAISLEY, RICHARD F. 3015 OKEECHOBEE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YATES, JOSEPH W., JR. 1101 SOUTH U.S. HWY 1 FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOBBS, CLAUDE M., JR. 215 CHEHAN TR CHILDERSBERG, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKIDMORE, DOUGLAS F 805 BARREL AVENUE FT PIERCE, FL
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 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: 	7-12-04	772-461-5211
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>