## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 23, 2007 08:00 AM Secretary of State DOCUMENT #L12923 RIVER PARK APARTMENTS, INC. Mailing Address Principal Place of Business 731 VASSAR STREET 731 VASSAR STREET ORLANDO, FL 32804 ORLANDO, FL 32804 US US CR2E034 (11/05) No Chg-P 04132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2992459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEMETREE, PAUL A. DO NOT WRITE 731 VASSAR STREET ORLANDO, FL 32804 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DSPT TITLE DEMETREE, PAUL NAME 731 VASSER ST STREET ADDRESS U00000722362 CITY-ST-ZIP ORLANDO, FL 32804 05/02/07-80030-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITŶ-ST-ZIP

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 true 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 ith all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR