

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90083 026 ***150.00

DOCUMENT # M85586 1. Entity Name RIVER BEND INVESTMENT GROUP, INC.		
Principal Place of Business 25 COUNTY ROAD 15 BUNNELL, FL 32110 US		Mailing Address 25 COUNTY ROAD 15 BUNNELL, FL 32110 US
2. Principal Place of Business - No P.O. Box # 45 SETON TRAIL	3. Mailing Address 45 SETON TRAIL	
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101	
City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL	
Zip 32176	Country U.S.A.	Zip 32176
Country U.S.A.		4. FEI Number 59-2895471
5. Certificate of Status Desired ☐		Applied For Not Applicable
\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent EDDY, J. MICHAEL 45 SETON TRAIL, SUITE 101 ORMOND BEACH, FL 32176
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		Zip Code FL
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 reappointing)		
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS EDDY, J. MICHAEL 45 SETON TRAIL, SUITE 101 ORMOND BEACH, FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EDDY, F. RAYMOND JR. 25 COUNTY ROAD 15 BUNNELL, FL 32110	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCING, ELIZABETH 25 COUNTY ROAD 15 BUNNELL, FL 32110	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDDY, J. MICHAEL 45 SETON TRAIL, SUITE 101 ORMOND BEACH, FL 32176	☒ Change ☐ Addition
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03182008 Chg-P CR2E034 (12/06)

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

F. RAYMOND EDDY

4/7/08

Date

386 677 3595

Daytime Phone #