2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # N00000002132 1. Entity Name 04-02-2004 90077 012 ****70.00 RIVER QUEST OF FLORIDA, INC. Principal Place of Business Mailing Address 4401 PINE MEADOW CT. 4401 PINE MEADOW CT. 94042574 **TAMPA FL 33624 TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3638705 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMRICK, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 4401 PINE MEADOW CT. TAMPA FL 33624 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 reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DC TITLE ☐ Delete ☐ Change TITI F ☐ Addition EMRICK, STEPHEN L NAME NAME 4401 PINEMEADOW CT STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition WILSON, LARRY NAME BURTON RD STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition KITCHNER DAVID . KITCHNER, DAVID NAME NAME PO BOX 123 1547 ANDOVER DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP DUNEDIN FL 34698 DUNEDIN,76,34698 CITY-ST-ZIP TITLE ☐ Delete TITLE SHIVELY, BRAD 105 ERST BAY DR #161 ☐ Addition SHIVECK, BRAD NAME NAME 705 EAST BAY DR.#161 STREET ADDRESS STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP LAKGO KC. 33770 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact from the receiver of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact from the receiver of the corporation of the receiver of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the r STEPHEN L. EMRICH 3-7-04 813-264-4378 SIGNATURE