2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2008
Secretary of State

DOCUMENT# N00000002132

Entity Name: RIVER QUEST OF FLORIDA, INC.

Current Principal Place of Business:

4401 PINE MEADOW CT.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4401 PINE MEADOW CT.
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3638705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EMRICK, STEPHEN L
4401 PINE MEADOW CT.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	EMRICK, STEPHEN L	
Address:	4401 PINEMEADOW CT	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	WILSON, LARRY	
Address:	BURTON RD	
City-St-Zip:	PLANT CITY, FL	
Title:	D	( ) Delete
Name:	SHIVELY, BRAD	
Address:	705 EAST BAY DR #161	
City-St-Zip:	LARGO, FL 33770	
Title:	D	( ) Delete
Name:	KITCHNER, DAVID	
Address:	PO BOX 123	
City-St-Zip:	SAFETY HARBOR, FL 34695	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPEN L. EMRICK DC 05/26/2008

Electronic Signature of Signing Officer or Director — Date