

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000443

1. Entity Name
RIVERS EDGE STREET MAINTENANCE, INC.



Principal Place of Business
**C/O WALLACE B. MCCALL, ESQ
1001 N US HWY 1 STE 604
JUPITER, FL 33477**

Mailing Address
**C/O WALLACE B. MCCALL, ESQ
1001 N US HWY 1 STE 604
JUPITER, FL 33477**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2333808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCCALL, WALLACE B
1001 N US HWY 1 STE 604
JUPITER, FL 33477**

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, FRANKLIN 7689 SW RIVERS EDGE STE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KEEFE, DENNIS T 7967 SE RIVERS EDGE STE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYLAND, STEPHEN R 7815 SE RIVERS EDGE STE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 617, 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

1/20/08 5617425441
Date Daytime Phone #