


02345X0P11 ENTER - PAY

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90055 025 ****61.25

DOCUMENT # N04000003966 1. Entity Name PEACE RIVER RV, INC.					
Principal Place of Business 3724 PEACE RIVER DR PUNTA GORDA, FL 33983				Mailing Address 3724 PEACE RIVER DR PUNTA GORDA, FL 33983	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2150772	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSE, HAROLD 3724 PEACE RIVER DR PUNTA GORDA, FL 33983				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ROSE, HAROLD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, HAROLD			NAME	
STREET ADDRESS	3724 PEACE RIVER DR			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP	
TITLE	D WOOD, EVAN <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, EVAN			NAME	
STREET ADDRESS	25299 VANTAGE LN			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP	
TITLE	D BUCHHOLZ, WALTER <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, WALTER			NAME	
STREET ADDRESS	2500 PARISIAN CT			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP	
TITLE	D LAYMAN, JOHN R <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYMAN, JOHN R			NAME	
STREET ADDRESS	529 LA CARVNA CT			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>Harold Rose</u> HAROLD ROSE 3-14-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

941-613-1944