

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2150772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, HAROLD
3724 PEACE RIVER DR
PUNTA GORDA, FL 33983

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSE, HAROLD
STREET ADDRESS 3724 PEACE RIVER DR
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME WOOD, EVAN
STREET ADDRESS 25299 VANTAGE LN
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME BUCHHOLZ, WALTER
STREET ADDRESS 2500 PARISIAN CT
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME LAYMAN, JOHN R
STREET ADDRESS 529 LA CARVNA CT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000384396
01/17/06-80009-020 61.25

**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: HAROLD ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06 **941-613-1944**
Date Daytime Phone #