2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

ANNUAL REPURT						Secretary of State				
DOCUMENT # P00000022086 1. Entity Name							04-19-2004 9	•		
RIVER E	SCAPE MANAGEMENT, IN	IC.								
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Principal Plac		Mailing Address	T				440313	100 100		
-1,1860.NEW.CHAPEL COURT 71.7 EAST OAK STREET ORLANDO, FL 32837 KISSIMMEE, FL 34744				-	<i>J</i>	., 4	and the same	-		
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Principal Place of Business A. Mailing Address					-					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				04102004	Chg-P	CR2E034		
City & State		City & State				4. FEI Number Applied For 59-3626894 Not Applicable				
Zip	Country	Zip	Coun	itry		5. Certificate o	f Status Desired	□ \$	8.75 Add se Required	itional
	6. Name and Address of Curren	· I Registered Agent		•		7. Name and A	ddress of New R			
	210			Name			·			
SWART, HARRY J CPA 717 E. OAK ST.			,	Street A	ddress (I	P.O. Box Number	is Not Acceptable	9)		
KISSIMMEE, FL 34744										
	:			City	·····	····		FL	Zip Code)
	named entity submits this statement f	or the purpose of changing its	s register	ed office or	register	ed agent, or both	, in the State of Flo	orida. I am far	niliar with,	and accept
the obligat	tions of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					re required	when reinstation)		DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550		-			00 May Be——ed to Fees		۱۰ <u>۱۰ منتی</u> داری می	يست سين	
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		.00 Trust Fund Cont	tribution.			ADDITIONS/C	HANGES TO OFFI		DIRECTORS Change	i IN 11 ☑ Addition
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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 607, 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

April17/04

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