

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90185 013 \*\*\*150.00

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05032004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000024988</b> 1. Entity Name <b>RIVERVIEW FINANCIAL &amp; ACCOUNTING SERVICES, INC.</b>					
Principal Place of Business <b>7035 US HWY 301 S RIVERVIEW, FL 33569</b>			Mailing Address <b>7035 US HWY 301 S RIVERVIEW, FL 33569</b>		
2. Principal Place of Business <b>7039 US Hwy 301 S.</b>		3. Mailing Address <b>7039 US Hwy 301 S.</b>		Suite, Apt. #, etc. 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Riverview FL</b>		City & State <b>Riverview FL</b>		4. FEI Number <b>59-3641308</b>	
Zip <b>33569</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GROTHER, DEBORAH 7035 US HWY 301 S RIVERVIEW, FL 33569</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7039 US Hwy 301 S.</b> City <b>Riverview FL</b> Zip Code <b>33569</b>	
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: <u><i>Deborah Grother</i></u> <span style="float: right;">5/1/04</span> <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GROTHER, DEBORAH L 7039 US HWY 301 SOUTH RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARGER, KIMBERLY 7039 US HWY 301 SOUTH RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Deborah Grother</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/04 813-672-8297 <small>Date Daytime Phone #</small>		