


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000045633</b>	
<b>1. Entity Name</b> RIVER VIEW MANAGEMENT COMPANY	

<b>Principal Place of Business</b> 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112	<b>Mailing Address</b> 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
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04122005 00000000 000000000000

<b>4. FEI Number</b> 59-3644341	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75</b> 00000000 0000000000

<b>6. Name and Address of Current Registered Agent</b>  BUTLER, WILLIAM E 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
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**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** 00000000  
0000000000

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD BUTLER, WILLIAM E 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D FLETCHER, WARREN D 1125 N SUMMIT ST CRESCENT CITY, FL 32112
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD BALL, THOMAS P 1125 N. SUMMIT ST CRESCENT CITY, FL 32112
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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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)(f), 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:** William E. Butler WILLIAM E. BUTLER 4/24/05 (386) 698-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #