

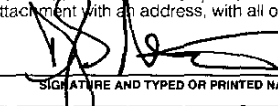


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90002 021 ***150.00

DOCUMENT # P00000054558 1. Entity Name RIVERMAR CONTRACTING COMPANY					
Principal Place of Business 4620 S PENINSULA DRIVE PONCE INLET, FL 32127				Mailing Address 4620 S PENINSULA DRIVE PONCE INLET, FL 32127	
2. Principal Place of Business 4650 LINKS VILLAGE DR Suite, Apt. #, etc. UNIT A103 City & State PONCE INLET, FL Zip 32127		3. Mailing Address 4650 LINKS VILLAGE DR Suite, Apt. #, etc. UNIT A103 City & State PONCE INLET, FL Zip 32127			
Country VOLUSIA		Country VOLUSIA		01072004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3656443				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent HEEBNER, PETER B 523 NORTH HALIFAX AVE DAYTONA BEACH, FL 32118				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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TREADWAY, FREDERICK C 4620 S PENINSULA DR PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRDWELL CODY W 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUEGGEN, DAVID V 4620 S ATLANTIC AVE PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIRKS, DOUGLAS R. 4650 LINKS VILLAGE DR A103 PONCE INLET, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREADWAY, FREDRICK C 4620 S ATLANTIC AVE PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, THOMAS W 4620 S ATLANTIC AVE PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHIS, STEVEN B 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINCKNEY, FRED J 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  DOUGLAS R. CIRKS 2/1/04 386-767-1313 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					