2004 FUR PROFIT CURPURATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000116531

1. Entity Name

R & C RIVERS DEVELOPMENT COMPANY



Principal Place of Business

2100 CONSTITUTION BLVD

STE 114

SARASOTA, FL 34231-4146

Mailing Address

2100 CONSTITUTION BLVD

STE 114

SARASOTA, FL 34231-4146

FILED Apr 22, 2004 08:00 AM Secretary of State



04192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1064610 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, KENT J ESQ 7101 S, TAMIAMI TRAIL, STE A SARASOTA, FL 34231

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3/3/3/3/3/12/3/23/			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	olfice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered A	gent signatur	e required when heinstating)	DATE	·············
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				ा । भी अन्तरी भन्द ा ।
TITLE NAME STREET ADDRESS CRY-ST-ZIP	DIP RIVERS, RONALD D 7667 COVE TERRACE SARASOTA, FL 34231				U00 <u>0</u> 00124335	- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VS RIVERS, CHARLES E 6420 HOLLYWOOD BLVD. SARASOTA, FL 34231				04/22/04-80064-020 150.	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSDEN, DONALD R 522 COLUMBUS AVE. WASHINGTON COURT HOUSE, OH 43160			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		ì				

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 of 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 attachingent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIF

4-19-04 (740) 333-500-

Daytime Phone #