


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90332 001 ***150.00

DOCUMENT # P01000009190 1. Entity Name PEACE RIVER RESORT, INCORPORATED					
Principal Place of Business 5000 TAMiami TRAIL CHARLOTTE HARBOR, FL 33980 US		Mailing Address 5000 TAMiami TRAIL CHARLOTTE HARBOR, FL 33980 US			
2. Principal Place of Business		3. Mailing Address 3477 Harbor Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Port Charlotte, Florida		4. FEI Number 65-1077807	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent	
Zip		Country		7. Name and Address of New Registered Agent	
Name MARX, JANELLE E		Name			
Street Address (P.O. Box Number is Not Acceptable) 5000 TAMiami TRAIL 3477 Harbor Blvd. CHARLOTTE HARBOR, FL 33980 PORT CHARLOTTE, FL 33952		Street Address (P.O. Box Number is Not Acceptable)			
City		State FL		Zip Code	
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 _____ (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. <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	PTSD <input type="checkbox"/> Delete MARX, JANELLE E 5000 TAMiami TRAIL CHARLOTTE HARBOR, FL 33980		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3477 Harbor Blvd. PORT CHARLOTTE, FLORIDA	
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	
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	
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	
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	
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: Janelle E. Marx Janelle			4/12/2005 (941) 286-5201 Date Daytime Phone #		