## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P01000057064

Entity Name
 RIVER COUNTRY REALTY, INC.



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

Principal Place of Business 1313 W. MIDWAY RD FORT PIERCE, FL 34982 Mailing Address
1313 W. MIDWAY RE

1313 W. MIDWAY RD FORT PIERCE, FL 34982



03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1142207 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

5. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

MURPHY, TRAVIS E JR 1313 W. MIDWAY RD FORT PIERCE, FL 34982

SIGNATURE

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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, 2004 Fee will be \$550.00 Trust Fund C  |  |       |              | \$5.00 May Be<br>Added to Fees | 000000093506<br>03/22/04-80020-013 158.75 |  |
| 10.  | OFFICERS AND DIREC   | CTORS |              |                                |   |  |
| TITLE<br>NAME<br>STREET AODRESS<br>CITY-ST-ZIP   | PD<br>MURPHY, TRAVIS EDWARD JR.<br>1313 WEST MIDWAY ROAD<br>FT. PIERCE, FL 34982 |       |              |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>CANNON, TERESA<br>1313 W. MIDWAY RD<br>FORT PIERCE, FL 34982              |       | DO NOT WRITE |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>GITTINGS, RICHARD D<br>1313 W. MIDWAY RD<br>FORT PIERCE, FL 34982          |       |              |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |              | IN .                           | THIS SPACE                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |              |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |              |                                |   |  |
| 12. I hereby certify that the information supplied with this filling 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. |  |       |              |                                |   |  |