

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000057064

1. Entity Name
RIVER COUNTRY REALTY, INC.



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

Mailing Address
1313 W. MIDWAY RD
FORT PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE



01142005 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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, TRAVIS EDWARD JR.
STREET ADDRESS 1313 WEST MIDWAY ROAD
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE STD
NAME CANNON, TERESA
STREET ADDRESS 1313 W. MIDWAY RD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE VD
NAME GITTINGS, RICHARD D
STREET ADDRESS 1313 W. MIDWAY RD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000186210
01/21/05-80047-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Travis E. Murphy, Jr.

Date

1-18-05

Daytime Phone #