

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083186

Entity Name: RIVER BUILDERS, INC.

FILED  
Apr 06, 2007  
Secretary of State

## Current Principal Place of Business:

11309 RIVERAVEN DR  
HOMOSASSA, FL 34448

## New Principal Place of Business:

5219 S. STEVENS DR.  
P. O BOX 548  
HOMOSASSA, FL 34487

## Current Mailing Address:

11309 RIVERAVEN DR  
HOMOSASSA, FL 34448

## New Mailing Address:

P. O. BOX 548  
HOMOSASSA, FL 34487

FEI Number: 36-4464035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, ELAINE B DS  
11309 RIVERAVEN DR  
HOMOSASSA, FL 34448 US

## Name and Address of New Registered Agent:

MOORE, ELAINE B DS  
5219 S. STEVENS DR.  
P. O. BOX 548  
HOMOSASSA, FL 34487 US

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.

SIGNATURE:

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MOORE, MICHAEL D  
Address: 11309 RIVERHAVEN DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: DV ( ) Delete  
Name: O'GORMAN, PATRICK  
Address: 4970 S. STETSON POINT DR.  
City-St-Zip: HOMOSASSA, FL 34448

Title: DS ( ) Delete  
Name: MOORE, ELAINE B  
Address: 11309 RIVERHAVEN DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: DS ( ) Delete  
Name: O'GORMAN, JUDY  
Address: 4970 S. STETSON POINT DR.  
City-St-Zip: HOMOSASSA, FL 34448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MOORE, MICHAEL D  
Address: 5219 S. STEVENS DR. P. O. BOX 548  
City-St-Zip: HOMOSASSA, FL 34487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MOORE, ELAINE B  
Address: 5219 S. STEVENS DR. P. O. BOX 548  
City-St-Zip: HOMOSASSA, FL 34487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE B. MOORE

DS

04/06/2007

Electronic Signature of Signing Officer or Director

Date