2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# P01000083186

Entity Name: RIVER BUILDERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 548
HOMOSASSA, FL 34487

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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 04/11/2008

Electronic Signature of Signing Officer or Director — Date