2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021598

1. Entity Name
RIVER BLUFF III CORP.

Principal Place of Business
212 LANSING ISLAND DRIVE
INDIAN HARBOR BEACH, FL 32937

Mailing Address
~~212 LANSING ISLAND DRIVE~~
~~INDIAN HARBOR BEACH, FL 32937~~

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	c/o 210 N. WYMORE ROAD
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State: WINTER PARK, FL
Zip / Country	Zip: 32789 / Country: USA

4. FEI Number: 20-0553924 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CATHCART, CHRISTOPHER C
210 N. WYMORE ROAD
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEREFORD, BOB		NAME		
STREET ADDRESS	212 LANSING ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: BOB HEREFORD, DIRECTOR 1/31/2004 407-306-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hereford UBR's - 5.max