

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/13/2004-90002-027-\$100.00-\$100.00

FILED

04 OCT 11 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (904)

DOCUMENT # P02000093136					
1. Entity Name RIVERVIEW DEVELOPMENT & CONSTRUCTION, INC.					
Principal Place of Business 580 N. WICKHAM ROAD #E MELBOURNE FL 32935			Mailing Address 580 N. WICKHAM ROAD #E MELBOURNE FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2071762	
6. Name and Address of Current Registered Agent DYER, DAVID W P.A. 325 FIFTH AVENUE SUITE 205 INDIALANTIC FL 32903				7. Name and Address of New Registered Agent Name Noel Droor Street Address (P.O. Box Number is Not Acceptable) 580 N. Wickham Road, Suite E City Melbourne FL 32935	
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 9/10/04	
<p>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</p>				<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/></p>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OURESHI, RAZA S 580 N. WICKHAM ROAD #E MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041845192 10/13/04--01019--001 **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DROOR, NOEL 580 N. WICKHAM ROAD #E MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				Date 9-8-04 . 321-258-9139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	