


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000128022</b> 1. Entity Name RIVER GROVE ENTERPRISES, INC.	
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Principal Place of Business 9130 CENTRAL AVE MICCO, FL 32976	Mailing Address 9130 CENTRAL AVE MICCO, FL 32976
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0751102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, RICHARD  
6704 BROOKLINE AVE  
FT PIERCE, FL 34951

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOUGLAS, MICHAEL D 9130 CENTRAL AVE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOUGLAS, CHARLES S 9130 CENTRAL AVE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOUGLAS, DEBRA K 9130 CENTRAL AVE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOUGLAS, SANDRA J 9130 CENTRAL AVE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000383470  
01/13/06-80002-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Sandra J Douglas* **1-206 772-664-9190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #