


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90002 012 \*\*\*150.00

<b>DOCUMENT # P02000134080</b> 1. Entity Name <b>RIVERS EDGE REALTY &amp; MANAGEMENT, INC.</b>					
Principal Place of Business <b>918 HWY 51S STEINHATCHEE, FL 32359</b>			Mailing Address <b>PO BOX 95 STEINHATCHEE, FL 32359</b>		
2. Principal Place of Business <b>90 FRANCES AVENUE</b>			3. Mailing Address <b>P.O. BOX 34</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PANACEA, FL</b>		City & State <b>PANACEA, FL</b>		4. FEI Number <b>05-0539618</b>	
Zip <b>32346</b>		Country <b>WAKULLA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32346</b>		Country <b>WAKULLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TERRELL, ANDREA 918 HWY 51S STEINHATCHEE, FL 32359</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>90 FRANCES AVENUE</b> City <b>PANACEA</b> FL Zip Code <b>32346</b>	
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 <u><i>Andrea Terrell</i></u> <b>ANDREA TERRELL</b> <b>8-17-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TERRELL, ANDREA</b> <b>PO BOX 95</b> <b>STEINHATCHEE, FL 32359</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>90 FRANCES AVENUE</b> <b>PANACEA, FL 32346</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>TERREL, ANDREA</b> <b>PO BOX 95</b> <b>STEINHATCHEE, FL 32359</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>90 FRANCES AVENUE</b> <b>PANACEA, FL 32346</b>	
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	
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	
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: <u><i>Andrea Terrell</i></u> <b>ANDREA TERRELL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-17-04</b> <b>850-984-3477</b> <small>Date Daytime Phone #</small>		

**54069093**



08172004 Chg-P CR2E034 (10/03)