


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90228 025 \*\*\*150.00

**DOCUMENT # P03000009275**

1. Entity Name  
**RIVERVIEW TRAILER PARK, INC.**



Principal Place of Business  
**4540 SOUTH WASHINGTON AVENUE  
 TITUSVILLE, FL 32780**

Mailing Address  
**4540 SOUTH WASHINGTON AVENUE  
 TITUSVILLE, FL 32780**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



02222005 Chg-P CR2E034 (10/03)

4. FEI Number  
**22-6932270**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STONEWALL, JOHN M  
 4540 SOUTH WASHINGTON AVENUE  
 TITUSVILLE, FL 32780**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STONEWALL, JOHN M	
STREET ADDRESS	4540 SOUTH WASHINGTON AVENUE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONEWALL, STEVEN C	
STREET ADDRESS	5855 DEER TRAIL	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, JUDITH ANN	
STREET ADDRESS	6512 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSS, PENELOPE S	
STREET ADDRESS	77 FITZGERALD LANE #45	
CITY-ST-ZIP	WAYNESVILLE, NC 287863577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 info empowered.

SIGNATURE: John M Stonewall 2-24-05 321-269-7463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #