

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-6932270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000020062
02/20/08-80055-005 150.00

10. OFFICERS AND DIRECTORS

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Stonewall **John M. STONEWALL**

2-6-08

Date

321-269-7463

Daytime Phone #