

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90022 035 ***158.75

DOCUMENT # P03000010085

1. Entity Name
MACKENZIE RIVER, INC.



Principal Place of Business
**520 4TH ST N
ST PETERSBURG, FL 33701**

Mailing Address
**AMA C/O DARLENE GRAYSON
450 CARILLOW PKWY, STE 200
SAINT PETERSBURG, FL 33716**

60024166



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

D. GRAYSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GenSpring Family Offices

04022008

Chg-P

CR2E034 (12/06)

City & State

City & State

**450 Carillon Parkway
Suite 200**

4. FEI Number

30-0154618

Applied For

Not Applicable

Zip

Country

Zip

St. Petersburg, FL 33716

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAYSON, DARLENE
C/O ASSET MGT ADVISORS
450 CARILLON PARKWAY SUITE 200
SAINT PETERSBURG, FL 33716**

Name

D. GRAYSON

Street Address (P.O. Box Number is Not Acceptable)

GenSpring Family Offices

450 Carillon Parkway

City

Suite 200

FL

Zip Code

St. Petersburg, FL 33716

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 first filing)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MOREAN, WILLIAM D
520 4TH ST N
SAINT PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4-10-08