

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020314

1. Entity Name  
RIVER JORDAN, INC.



Principal Place of Business  
13 DOGWOOD DR.  
HOMOSASSA, FL 34446

Mailing Address  
13 DOGWOOD DR.  
HOMOSASSA, FL 34446

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



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1045762

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HADSELL, LEANNE  
13 DOGWOOD DR.  
HOMOSASSA, FL 34446

**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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DIXON, RALPH
STREET ADDRESS	16701 SE 23RD AVE
CITY - ST - ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	HADSELL, LEANNE
STREET ADDRESS	13 DOGWOOD DR.
CITY - ST - ZIP	HOMOSASSA, FL 34446
TITLE	D
NAME	PACK, MARVIN L
STREET ADDRESS	7540 SW 22ND ST.
CITY - ST - ZIP	OCALA, FL 34474
TITLE	D
NAME	WALKER, RALPH L
STREET ADDRESS	PO BOX 4773
CITY - ST - ZIP	HOMOSASSA SPRINGS, FL 34447
TITLE	D
NAME	LUCIUS, DAVID
STREET ADDRESS	4907 SE HAWTHORN RD
CITY - ST - ZIP	GAINESVILLE, FL 32641
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000824213  
02/20/08-80068-019 150.00

**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: *Leanne Hadsell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEANNE HADSELL

Date 2-7-08

Daytime Phone #

352-382  
1830