

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020314

Entity Name: RIVER JORDAN, INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

13 DOGWOOD DR.
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

13 DOGWOOD DR.
HOMOSASSA, FL 34446

New Mailing Address:

P O BOX 4773
HOMOSASSA SPRINGS, FL 34447

FEI Number: 33-1045762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADSELL, LEANNE
13 DOGWOOD DR.
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIXON, RALPH
Address: 16701 SE 23RD AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: HADSELL, LEANNE
Address: 13 DOGWOOD DR.
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Delete
Name: PACK, MARVIN L
Address: 7540 SW 22ND ST.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: WALKER, RALPH L
Address: PO BOX 4773
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: D () Delete
Name: LUCIUS, DAVID
Address: 4907 SE HAWTHORN RD
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE HADSELL

S/T

03/03/2009

Electronic Signature of Signing Officer or Director

Date