

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 001 ***150.00

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1. Entity Name
RIVER OAKS GROUP DEVELOPMENT CORP.



Principal Place of Business
**3596 MARGINA CIR
BONITA SPRINGS, FL 34134**

Mailing Address
**3596 MARGINA CIR
BONITA SPRINGS, FL 34134**

01000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004 Chg-P CR2E034 (10/03)

4. FEI Number

11-3696738

Applied For

Not Applicable

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

**SCHUMANN, RAYMOND L -
27200 RIVERVIEW CENTER BLVD STE 103
BONITA SPRINGS, FL 34134**

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

Signature, typed or printed name of registered agent and 110-1 applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **DP** ☐ Delete
NAME **BUCKLER, EDWARD F**
STREET ADDRESS **3596 MARGINA CIR**
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

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

TITLE **DV** ☐ Delete
NAME **MILLS, DANIEL J**
STREET ADDRESS **27255 JOLLY ROGER LN**
CITY- ST- ZIP **BONITA SPRINGS, FL 34135**

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

TITLE **ST** ☐ Delete
NAME **BUCKLER, NANCY Y**
STREET ADDRESS **3596 MARGINA LN**
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Nancy Y. Buckler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

239-992-8060

Daytime Phone #

Secy, Treas