2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044139

City-St-Zip:

Entity Name: SANTA FE RIVER VILLAGE, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15 PARADISE PLAZA #298 SARASOTA, FL 34239 **New Mailing Address: Current Mailing Address:** 15 PARADISE PLAZA #298 SARASOTA, FL 34239 FEI Number: 61-1472920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LACKEY, LARRY A SR. 15 PARADISE PLAZA 298 SARASOTA, FL 34239 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LACKEY, LARRY A SR. LACKEY, LARRY A SR. Name: Name: 15 PARADISE PLAZA #298 15 PARADISE PLAZA #298 Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: VΡ () Change (X) Addition LACKEY, LARRY JR. Name: Name: 15 PARADISE PLAZA #298 Address: Address: SARASOTA, FL 34293 City-St-Zip: City-St-Zip: Title: Title: () Delete VP T () Change (X) Addition KAZWELL, STANLEY J JR. Name: Name: 600 CHAMBER ST. Address Address: City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: VΡ () Change (X) Addition MCDANIEL, JANICE Name: Name: Address: Address: 4268 CONWAY BLVD

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

PORT CHARLOTTE, FL 33952

PS SIGNATURE: LARRY A. LACKEY SR. 04/27/2005