


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000082922	
1. Entity Name RIVERS & SNOW MANAGEMENT COMPANY	

Principal Place of Business 12101 CRESCENT COVE COURT WINDERMERE, FL 34786	Mailing Address 12101 CRESCENT COVE COURT WINDERMERE, FL 34786
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03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3100328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOZZUTO, JACQUELINE
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, JOHNNY 12101 CRESCENT COVE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT J.S. SNOW 239 E. COPELAND DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/05-80003-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

Date

(407) 48-0019
Daytime Phone #