

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 014 ***150.00

DOCUMENT # P03000087063

1. Entity Name

RIVER BLUFF UNLIMITED, INC.



Principal Place of Business

110 NORTHPOINT RD
DRAYTON ISLAND
GEORGETOWN FL 32139

Mailing Address

110 NORTHPOINT RD
DRAYTON ISLAND
GEORGETOWN FL 32139

2. Principal Place of Business

3. Mailing Address

P.O. BOX 621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GEORGETOWN FL.

Zip

Country

Zip

Country

32139

USA

4. FEI Number

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

GARY A. WISENER

Street Address (P.O. Box Number is Not Acceptable)

110 NORTH POINT ROAD

BOX 621

City

GEORGETOWN

FL

Zip Code

32139

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	PSTD	<input type="checkbox"/> Delete
NAME	WISENER, GARY A	
STREET ADDRESS	110 NORTHPOINT RD	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, BURLEY D	
STREET ADDRESS	110 NORTHPOINT RD	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

GARY A. WISENER PSTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 31-2004

Daytime Phone #