

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90028 012 \*\*\*150.00

DOCUMENT # P03000115196

1. Entity Name

RIVER GROUP USA, INC.



Principal Place of Business

Mailing Address

7340 NW US HWY. 27, STE. 212  
OCALA FL 34482  
US

7340 NW US HWY. 27, STE. 212  
OCALA FL 34482  
US

50007639



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

6998 NW US Hwy 27

6998 NW US Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite III

Suite III

City & State

City & State

Ocala, FL

Ocala, FL

Zip 34482

Country US

Zip 34482

Country US

4. FEI Number 27-0070549

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

WARRINER, SUSAN J VP  
7340 NW US HWY. 27  
SUITE 212  
OCALA FL 34482

Name Susan Warriner VP  
Street Address (P.O. Box Number is Not Acceptable)  
6998 NW US Hwy 27  
Suite III  
City Ocala FL Zip Code 34482

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

*Susan Warriner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/21/05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARRINER, TOM 7340 NW US HWY. 27, STE. 212 OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARRINER, SUSAN J 7340 NW US HWY. 27, STE 212 OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Susan Warriner* Susan Warriner VP

Date

Daytime Phone #

1/21/05 352-6941  
1286