2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000117972

1. Entity Name
N.W. FLA. RIVER ROCK, INC.

Principal Place of Business	Mailing Address
2109 HWY 87 NAVARRE, FL 32566	P.O. BOX 5027 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
27-0069538	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEVITO, PETER F
4701 THOROUGHBRED DR
MILTON, FL 32583

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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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DEVITO, MICHAEL
STREET ADDRESS	1576 JANICE CT
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	ST
NAME	DEVITO, PETER F
STREET ADDRESS	4701 THOROUGHBRED DR
CITY-ST-ZIP	MILTON, FL 32583

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/18/08-80026-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Peter F DeVito*   Peter F DeVito   15 Jan 08   850 939 1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #