2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 12, 2004 8:00 am Secretary of State DOCUMENT # P03000118201 04-26-2004 90993 029 ***150.00 1. Entity Name RIVER LANDING HOTEL, INC. Principal Place of Business Mailing Address CACUARDO 925 NORTH COURTENAY PARKWAY 925 NORTH COURTENAY PARKWAY SUITE 28 MERRITT ISLAND FL 32953 SUITE 28 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address 7 . Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Nümber Applied For 20 - **0**324 \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOHRR, PHILIP F Street Address (P.O. Box Number is Not Acceptable) 1800 WEST HIBISCUS BLVD., SUITE 138 **MELBOURNE FL 32901** City Zip Code 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, typod or printed name of requirered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee: 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TILE Et Change ☐ Addition Delete Kadi, Maurica NAME KODSI, MAURICE NAME STREET ADDRESS PO BOX 320219 925 N. Courtenay pkuy #28 STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Merritt Island, PL 32953 TITLE D D **∑** Addition ☐ Delete TITLE ☐ Change Kods: Rubert 925 N. Continey Aky \$28 MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 719 Merritt Island, FL TITLE TITLE ☐ Change Addition ☐ Delete NAME -STREET ADDRESS STREET ADDRESS CTY-ST-7P CITY+ST-ZIP TITLE TILE ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change : Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 charged, or on an attachment with an address, with all other like empowered. 32/-453-5360

FILED