

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P03000118201

1. Entity Name
RIVER LANDING HOTEL, INC.



Principal Place of Business
925 NORTH COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953

Mailing Address
925 NORTH COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0324792

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOHRR, PHILIP F
1800 WEST HIBISCUS BLVD., SUITE 138
MELBOURNE, FL 32901

**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, 2007 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 KODSI, MAURICE
STREET ADDRESS PO BOX 320219
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE D
NAME KODSI, ROBERT
STREET ADDRESS 925 N. COURTENAY PKY #28
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

000000636764
02/26/07-80033-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kodosi

1/16/07

321-452-0888

Date

Daytime Phone