

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90335 028 ***150.00

66422808



04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000119839		
1. Entity Name RIVERVIEW PETS AND SUPPLY INCORPORATED		

Principal Place of Business 4165 9TH ST. S.W., STE. 103 VERO BEACH, FL 32968	Mailing Address 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
HAYNES, PAUL R 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, PAUL R 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jane Haynes (President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5708 Wintergarden Pkwy Ft Pierce, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYNES, PAUL K 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Paul K Haynes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5708 Wintergarden Pkwy Ft Pierce FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAYNES, LOIS J 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angie Tinger Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 122 Willowood Gardens Fletcher, NC 28732
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"/> 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"/> Delete	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: Jane Haynes 5-15-04 772-467-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #