


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03000119839 1. Entity Name RIVERVIEW PETS AND SUPPLY INCORPORATED	
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Principal Place of Business 4165 9TH ST. S.W., STE. 103 VERO BEACH, FL 32968	Mailing Address 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951
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04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3777114	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAYNES, PAUL R 5708 WINTERGARDEN PKWY. FT. PIERCE, FL 34951
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, JANE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TINGEN, ANGIE 122 WUKDWIIDS GARDEBS FLETCHER, NC 28732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Paul Haynes 4-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #