

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 042 ***150.00

DOCUMENT # P03000119905

1. Entity Name
THROGMARTIN RIVERFRONT CORPORATION



Principal Place of Business
**9180 ESTERO PARK COMMONS BLVD.
SUITE 7
ESTERO, FL 33928-2318 US**

Mailing Address
**9180 ESTERO PARK COMMONS BLVD.
SUITE 7
ESTERO, FL 33928-2318 US**

4000000



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0329262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUGGER, JOHN ESQ.
600 5TH AVENUE SOUTH
SUITE 207
NAPLES, FL 34102**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PTD THROGMARTIN, RONALD T 9180 ESTERO PARK COMMONS BLVD., STE 7 ESTERO, FL 339282318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD HOLWERDA, BEVERLY 9180 ESTERO PARK COMMONS BLVD. STE 7 ESTERO, FL 339282318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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

Ronald Throgmartin

2-6-08 239-944-0299

Date

Daytime Phone #