2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am -Secretary of State 04-28-2004 90305 013 ***158.75

| 1. Entity Nam | MENT # P030001: rive, INC. | 28781 | | | | | 11000 | 5 -2004) | 70303 01 | 130 | .13 |
|---|--|---------------------------------------|--|-----------------------|----------|--------------------------------|------------------------|------------------|--|-----------------------------|---------------------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 2222 GULF (SARASOTA, F | | | 2222 GULF GATE DRIVE Sarasota, FL 34231 | | |) (BB# #87 £ # | EDICO MIN DENI SUN CO | | : | IR (891 SI 1918) | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 03312004 Chg-P CR2E034 (10/03) | | | | | |
| City & State | | City & State | | | | 25 Numb | Ö37143(| - 5 | | pplied For ot Applicable | |
| Zip | Country | Country Zip C | | intry | | 5. Certificate | of Status Desired | | \$8.75 Ad Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | Name | | 7. Name and | Address of New F | legistered / | Agent | | |
| BARRETT, MICHAEL D 2222 GULF GATE DRIVE | | | | Street Add | iress (F | O. Box Numb | er is Not Acceptable | <u>4</u> | ===================================== | | _ : |
| SARASOTA, FL 34231 | | | | | | | | | | <u>-</u> | (|
| } | | | | City | | | | | Zip Coc | ie . | } |
| 8. The shove | named entity submits this statemen | or tor the number of changing | n ite ranistera | | oister | od enent or ho | th, in the State of El | FL | | | |
| 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 Florids. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE Signature, typed or profed reging of registered agen; and side if applicable. (NOTE: Registered Agent signature required when remassing) DATE | | | | | | | | | | | |
| Fil. After Ma | E NOWIII FEE IS \$150.00 by 1,2004 Fee will be \$55 | 9. Election Can 50.00 Trust Fund C | | ncing | | 00 May Be ad to Fees | | | • | | |
| 10. | OFFICERS A | NO DIRECTORS | 11, | | אמכ | ADDITIONS | CHANGES TO OFF | ICERS AND | | | |
| TITLE NAME | Delote . | | TITLE NAME | NAME M | | HAEL | D. BAR | REH | ☐ Change | Addition | |
| STREET ADDRESS | | | | | | I INGR LASOTA | AM AVE. | ລາລ | | e. 5° | · · · · · · · · · · · · · · · · · · · |
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| STREET ADDRESS | \$ | | | ET ADDRESS | | | | | | | |
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| NAME | · | | NAMI | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | et address -st-zip | | | | . • | | | |
| TITLE | | Dalete . | TITLE | ´ | | | | | ☐ Change | Addition | |
| NAME Street Address | 22 | | | ET ADORESS | | | | | | | ĺ |
| CITY-51-ZIP | | | | -ST-ZIP | | | · | | | | |
| TITLE NAME | | ☐ Delets | TIPLE NAMI | | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | ET AUDRESS ST-ZIP | | | | | | 1 | į |
| 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 tree 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 principles empowered to execute this report as required by Chapter 507. 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. | | | | | | | | | | | |
| changed, | or on an attachment with an address | as, with all other like empower | red. | . , | | | مدار | a "1 | (,,) | 604 | |
| SIGNAT | URE: | OR PRINTED VALUE OF SIGNING OFFI | CEA OR DIRECT | OR - | | · | X 7. 1.0.0 | <u>7 4</u> | 441) | 729-04 | <i>1</i> 0 |
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