



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-19-2004 90001 032 ***158.75

DOCUMENT # P03000151211 1. Entity Name RIVER MEADOWS DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 310 WHITFIELD AVENUE SARASOTA, FL 34243			Mailing Address 310 WHITFIELD AVENUE SARASOTA, FL 34243		
2. Principal Place of Business 4501 FAIRLANE DRIVE Suite, Apt. #, etc.		3. Mailing Address 4501 FAIRLANE DRIVE Suite, Apt. #, etc.			
City & State NORTH PORT, FL 34288		City & State NORTH PORT, FL 34288		4. FEI Number APPLIED FOR	
Zip 34288		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BARBARA K 310 WHITFIELD AVENUE SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name MARK BRIVIK Street Address (P.O. Box Number is Not Acceptable) 4501 FAIRLANE DRIVE City NORTH PORT, 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 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 \$550.00 Due by September 8, 2004			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 D BRIVIK, MARK P D D P.O. BOX 640 SARASOTA, FL 342300640				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	
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 <u>Mark Brivik</u> 7-15-04 (941) 423-3766 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment

54062969
P03000151211

P.O. BOX 640
SARASOTA, FLORIDA 34230-0640

July 17, 2004

Division of Corporations
2670 Executive Center Circle Suite 100
Tallahassee, Florida 32301

re: Annual reports

Dear Sirs/Madame:

Enclosed please find Annual reports for the following corporation;

- 1) Manatee River Resort, Inc.
- 2) River Meadows Development Corporation, Inc.
- 3) Commonwealth Industrial Holdings, Inc.

together with the fee for filing. Please note that a renewal notice was not received.

Please forward a Certificate of Good Standing to address above.

Thank you, for your assistance.

Sincerely,

Barbara K. Smith
(941) 423-3766

bks/