


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90444 048 \*\*\*158.75

<b>DOCUMENT # P04000017395</b>					
1. Entity Name <b>NORTH RIVER SERVICES, INC.</b>					
Principal Place of Business <b>5611 BAYSHORE DRIVE #103 PALMETTO FL 34221</b>			Mailing Address <b>5611 BAYSHORE DRIVE #103 PALMETTO FL 34221</b>		
2. Principal Place of Business <b>5611 Bayshore Rd.</b> Suite, Apt. #, etc.			3. Mailing Address <b>5611 Bayshore Rd.</b> Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>20-0669638</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KEARNEY, DANIEL 1329 US HIGHWAY 301 PALMETTO FL 34221</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P.S. ROGERSON, DAVID E 5611 BAYSHORE DR PALMETTO FL 34221</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>5611 BAYSHORE ROAD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T.D ROGERSON, DAVID E 5611 BAYSHORE DR PALMETTO FL 34221</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>5611 BAYSHORE ROAD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>David E. Rogerson</b> as President				Date: <b>4-26-05</b> Daytime Phone #: <b>941 447 0564</b>	