


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000017395

1. Entity Name
NORTH RIVER SERVICES, INC.



Principal Place of Business Mailing Address
5611 BAYSHORE ROAD #103 5611 BAYSHORE ROAD #103
PALMETTO FL 34221 PALMETTO FL 34221

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *No Changes* City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KEARNEY, DANIEL
1329 US HIGHWAY 301
PALMETTO FL 34221

7. Name and Address of New Registered Agent

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 renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. ROGERSON, DAVID E 5611 BAYSHORE ROAD #103 PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D ROGERSON, DAVID E 5611 BAYSHORE ROAD #103 PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David E. Roy*



1st MOORE CR2E034 (10/05)

4. FEI Number **20-0669638** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name _____
Street Address (P.O. Box Number is Not Acceptable) *No Changes*
City **FL** Zip Code

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/27/06 00063-004 150.00

4-12-06 941 447 0564

Date Daytime Phone #