

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162871

Entity Name: RIVERBOAT, INC.

FILED  
Apr 21, 2005  
Secretary of State

## Current Principal Place of Business:

605 FRONT STREET  
WELAKA, FL 32193

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1210  
WELAKA, FL 32193

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPEAS, CARON  
613 ST JOHNS AVE  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SPEAS, RAND  
Address: PO BOX 1210  
City-St-Zip: WELAKA, FL 32193

Title: DV ( ) Delete  
Name: SPEAS, MARIANNE  
Address: PO BOX 1210  
City-St-Zip: WELAKA, FL 32193

Title: DST ( ) Delete  
Name: SPEAS, CARON  
Address: PO BOX 89  
City-St-Zip: WELAKA, FL 32193

Title: D ( ) Delete  
Name: COBB, PHILIP  
Address: PO BOX 960  
City-St-Zip: WELAKA, FL 32193

Title: D ( ) Delete  
Name: COBB, SHARON  
Address: PO BOX 960  
City-St-Zip: WELAKA, FL 32193

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARON SPEAS

DST

04/21/2005

Electronic Signature of Signing Officer or Director

Date