

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162871

Entity Name: RIVERBOAT, INC.

FILED
Apr 30, 2006
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 Chapter 119, 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: RAND SPEAS

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date