

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 032 ***150.00

DOCUMENT # P06000025773

1. Entity Name

RIVERNEST INVESTMENTS, INC.



Principal Place of Business

11561 SE 200 CIRCLE
INGLIS FL 34449
US

Mailing Address

11561 SE 200 CIRCLE
INGLIS FL 34449
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. BOX 1302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

DUNNELLON, FL

4. FEI Number

20-4351405

Applied For

Not Applicable

Zip

Country

Zip

Country

34430

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODGE, SHIRLEY A
11561 SE 200 CIRCLE
INGLIS FL 34449

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DODGE, SHIRLEY A
STREET ADDRESS 11561 SE 200 CIRCLE
CITY- ST- ZIP INGLIS FL 34449

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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:

Shirley A. Dodge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

352 400-0301

Date

Days to Phone #