2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000076326



FILED Apr 26, 2007 8:00 am Secretary of State

1. Entity Name RIVER OF LIFE CANOE CAMPING, INC									04-26-20)07 90	212 04	i9 ***150	0.00
10850 NW 64TH TERANCE			1085	Mailing Address 10850 NW 64TH TERANCE CHIEFLAND, FL 32626									
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				03292007	Chg-P		CR2E0	34 (12/06)	
City & State			City	City & State				4. FEI Numb	er				plied For
Zip Country		Zip	Zip Coun		ntry		5. Certificate	e of Status Des	ired		\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registere	tered Agent				7. Name and	d Address of N	lew Reg	istered /	Agent	
						Name				_			
HARDEE AL 10850 NW 64TH TERANCE CHIEFLAND FL 32626						Street Addr	lress (F	P.O. Box Numb	per is Not Acce	ptable)			
	,	<u>.</u> *				City					EI	Zip Codi	e .
		• ,									FL		
	named entit ions of regist	y submits this statement lered agent.	for the purp	ose of changing its	register	ed office or re	egistere	ed agent, or bo	oth, in the State	of Florio	la. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	piicable. (NOT	E: Registere	nd Agent signature r	required	when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00													
FiL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550	i	9. Election Campa Trust Fund Conf		ncing	\$5. 0 Adde	00 May Be ed to Fees		•			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR