


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P06000076326		
1. Entity Name RIVER OF LIFE CANOE CAMPING, INC		
Principal Place of Business 10850 NW 64TH TERANCE CHIEFLAND, FL 32626	Mailing Address 10850 NW 64TH TERANCE CHIEFLAND, FL 32626	



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDEE, AL
10850 NW 64TH TERANCE
CHIEFLAND, FL 32626

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARDEE, AL
STREET ADDRESS	10850 NW 64TH TERRACE
CITY-ST-ZIP	CHIEFLAND, FL 32626

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

0000000848801
03/20/08-80032-020-150-00

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08 352-486-5191

Date

Daytime Phone #