

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000086360

1. Entity Name
RIVERBEND LAND COMPANY



FILED

07 MAY 25 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

Mailing Address
4501 BEVERLY AVE
JACKSONVILLE, FL 32210



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

5851 TIMUGUANA Rd

Suite, Apt. #, etc.

301

City & State
JACKSONVILLE FL

Zip
32210

Country
DUAL

3. Mailing Address

5851 TIMUGUANA Rd

Suite, Apt. #, etc.

301

City & State
JACKSONVILLE FL

Zip
32210

Country
DUAL

04202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5119827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

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

5851 TIMUGUANA Rd
Ste 301

City
JACKSONVILLE

FL

Zip Code
32210

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ATLEE, KENYON S
4501 BEVERLY AVE
JACKSONVILLE, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LILLEY, ROY A
2507 RIVER RD
JACKSONVILLE, FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5851 TIMUGUANA Rd Ste 301
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400103907514
06/05/07--01015--014 **\$550.00

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

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

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

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

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

KENYON S. ATLEE

Date

Daytime Phone #

4-23-07 904-384-1964