

2008 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-01-2008 90219 050 ***150.00

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1. Entity Name
GORDON RIVER REALTY CORP.



Principal Place of Business
6597 NICHOLAS BOULEVARD
PENTHOUSE #11
NAPLES, FL 34108

Mailing Address
6597 NICHOLAS BOULEVARD
PENTHOUSE #11
NAPLES, FL 34108

66013347



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-2666728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COMMITTE, THOMAS C JR.
6597 NICHOLAS BOULEVARD
PENTHOUSE #11
NAPLES, FL 34108

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

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
NAME COMMITTE, T. C JR.
STREET ADDRESS 6597 NICHOLAS BOULEVARD, PH #11
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC
NAME COMMITTE, M. H
STREET ADDRESS 6597 NICHOLAS BOULEVARD, PH#11
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREA
NAME COMMITTE, M. H
STREET ADDRESS 6597 NICHOLAS BOULEVARD, PH #11
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR
NAME COMMITTE, T. C JR.
STREET ADDRESS 6597 NICHOLAS BOULEVARD, PH #11
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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: *Thomas C. Committe Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 239-248-5608
Date Daytime Phone #