


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P07380**  
 1. Entity Name  
**RIVER OAKS PROPERTIES, INC.**



Principal Place of Business      Mailing Address  
**20 TRAFALGAR SQUARE**      **2476 N ESSEX AVE**  
**STE 602**      **HERNANDO, FL 34442**      **US**  
**NASHUA, NH 03063**      **US**

**DO NOT WRITE IN THIS SPACE**



03112004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**02-0391050**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ABEL, ERIC D ESQUIRE**  
**2476 N ESSEX AVENUE**  
**HERNANDO, FL 34442**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JOTE REALTY L.L.C
STREET ADDRESS	C/O 20TRAFALGAR SQ., STE#602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	D
NAME	STELLOS-MALVERS, CASSANDRA
STREET ADDRESS	C/O 20 TRAFALGAR SQ., STE #602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	P
NAME	TAMPOSI, STEPHEN A.
STREET ADDRESS	2476 N ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	ST
NAME	PASTOR, JOHN E.
STREET ADDRESS	2476 N ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	STELLOS-COLORUSSO, MELANIE
STREET ADDRESS	20 TRAFALGAR SQUARE, STE. 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	D
NAME	STELLOS, ALYSON
STREET ADDRESS	C/O 20 TRANFALAGAR SQ., #602
CITY-ST-ZIP	NASHUA, NH 03063

**DO NOT WRITE IN THIS SPACE**

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 03/18/04-80012-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Stephen A. Tamposi      **3/12/04**      **352-746-6069**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #