


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P07380
 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



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0391050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
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, 2005 Fee will be \$550.00

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

U00000271329
 03/21/05-80045-001 150.00

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

DO NOT WRITE IN THIS SPACE

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 **STEPHEN A. TAMPOSI** 3/18/05 352-746-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #