2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008722

P O BOX 47565

ST. PETERSBURG, FL 33743

Address:

City-St-Zip:

FILED Jan 15, 2004 Secretary of State

Entity Name: RIVER FOREST, INC **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 47565 ST. PETERSBURG, FL 33743 **Current Mailing Address: New Mailing Address:** P.O. BOX 47565 ST. PETERSBURG, FL 33743 FEI Number: 59-3153626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALLOU, RAYMOND L 7989 CAÚSEWAY BLVD N ST PETERSBURG, FL 33707 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BALLOU, RAYMOND L. Name: Name: 7989 CAUSEWAY BLVD N Address: Address: City-St-Zip: ST POETERSBURG, FL 33707 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: BALLOU, MICHAEL Name: P.O. BOX 47565 (N\A) Address: Address: ST. PETERSBURG, FL City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BALLOU, RAYMOND L Name: Name: P O BOX 47565 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33743 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCLAFFERTY, MARGARET BALLOU, MARGARET Name: Name: Address: P.O. BOX 47565 (N\A) Address: P.O. BOX 47565 (N\A) City-St-Zip: ST. PETERSBURG, FL 33743 City-St-Zip: ST. PETERSBURG, FL 33743 Title: Title: () Delete () Change () Addition BALLOU PARKER, LANA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: RAYMOND L. BALLOU 01/15/2004