

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063931

FILED
Jan 21, 2004
Secretary of State

Entity Name: RIVER BRANCH CORPORATION

Current Principal Place of Business:

3521 ELEVEN MIKE RD
FT. PIERCE, FL 34945 US

New Principal Place of Business:

Current Mailing Address:

3521 ELEVEN MIKE RD
FT. PIERCE, FL 34945 US

New Mailing Address:

FEI Number: 65-0441513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R.N. KOBLEGARD, III
401-A S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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:

Title: PS () Delete
Name: HAYS, PETER B JR
Address: 4420 1ST STREET
City-St-Zip: VERO BEACH, FL 32968

Title: VT (X) Delete
Name: HAYS, PETER B
Address: 1520 BROCKSMITH RD
City-St-Zip: FT. PIERCE, FL 34845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GODWIN, JAMES E
Address: P.O. BOX 13539
City-St-Zip: FT. PIERCE, FL 34979

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES E. GODWIN

PS

01/21/2004

Electronic Signature of Signing Officer or Director

Date