2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT		_		14, 2005 08:00 /
DOCUMENT # P9400003225					Se	cretary of State
1. Entity Name RIVERHILLS SERVICE CENTER, INC.				۱)		
RIVERHI	ILLS SERVICE CENTER, INC.					
Principal Plac	ce of Business	Mailing Address				
		NORTHDALE EXECUTIVE CENTER I 3820 NORTHDALE BLVD SUITE 205F				
773-14-14-12		TAMPA, FL 33624-1863	2001	1		AN MANICEMIAN INCENTAL HOURS ANNOUNCE IN LANG.
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			03092005	No Cha-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numl		Applied For
	•			59-32	15955	Not Applicable
			***	5. Certificati	e of Status Desired	S8.75 Additional Fee Required
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Re	gistered Agent	_			
LEHEW, JACK A 3820 NORTHDALE BLVD. 205 D TAMPA, FL 33624				DO	NOT W	'RITE
			IN THIS SPACE			
				8146	* 2 7.3 ***	
8. The above	e named enlity submits this statement for th	e purpose of changing its register	ed office or registe	ered agent, or be	oth, in the State of Flo	orida. I am familiar with, and accept
the obliga	tions of registered agent.					·
SIGNATURE.	Signature, typed or printed name of registered agent and	itre if applicable. (NOTE: Registere	d Agent signature require	d when re-restating)		DATE
		9. Election Campaign Finar	ncina ¢ E	. 00	110000	10262500
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00				03/14/05	-80056-004 150.00
10.	OFFICERS AND DIF	RECTORS	1	 	<u> </u>	,
TITLE Name	D KELLEY, MARK F					
STREET ADDRESS	5000 PURITAN RD.					
CITY-ST-ZIP	TAMPA, FL 33617	· · · · · · · · · · · · · · · · · · ·				
TITLE	D D		,			
NAME STREET ADDRESS	KELLEY, KIMBERLY K 5000 PURITAN RD.		ł			
CITY-ST-ZIP	TAMPA, FL 33617					
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NAME STREET ADDRESS			ı	- -		
CITY-ST-ZIP				DO	NOT W	RITE
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NAME				88.48		"MAN 300
STREET ADDRESS CITY-ST-ZIP						
TITLE		·]			
NAME			1			
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NAME						
STREET ADDRESS						

12. Thereby certify that the information supplied with this filling does not qualify 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 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: 7

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

6263381 Daylime Phone #