

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005573

Entity Name: RIVES & COMPANY, P.A.

FILED  
Jan 24, 2012  
Secretary of State

**Current Principal Place of Business:**

2400 S.E. VETERANS MEMORIAL PKWY., STE 208  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 S.E. VETERANS MEMORIAL PKWY., STE 208  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 65-0454124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVES, ROBERT B  
67 CINNAMON PL  
TEQUESTA, FL 33469 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RIVES, ROBERT B  
Address: 2400 S.E. VETERANS MEMORIAL PKWY., STE 208  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: TREA  
Name: RIVES, GWENN J  
Address: 2400 S.E. VETERANS MEMORIAL PKWY., STE 208  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT B. RIVES

PRES

01/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date