


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000006890 1. Entity Name PEACE RIVER CARRIER, INC.	
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Principal Place of Business 159 SUNFLOWER ST PUNTA GORDA, FL 33982	Mailing Address 159 SUNFLOWER ST PUNTA GORDA, FL 33982
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0561312	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KEMNER, CHARLES H
25600 E. MARION AVE.
PUNTA GORDA, FL 33950

**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**

1000000187444

01/24/05-80012-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP KEMNER, CHARLES H 25600 E. MARION AVE. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV THEWLIS, HAROLD J 159 SUNFLOWER ST. PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST CARPENTER, ANNA 159 SUNFLOWER STREET PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**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)(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: Anna Carpenter **ANNA CARPENTER** 1-17-05 941-637-4179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #