


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90039 049 ***150.00

DOCUMENT # P94000032566

1. Entity Name
RIVERVIEW VENTURES, INC.



Principal Place of Business Mailing Address
6430 14TH ST. WEST **6430 14TH STREET WEST**
BRADENTON, FL 34207 US **BRADENTON, FL 34207 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

01282004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0491363 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS, & VALGER P.A.
802 11TH ST W
BRADENTON, FL 34205

VogLer

7. Name and Address of New Registered Agent

Name *Spelling change only*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DES CHAMPS, ENGLISH S. III	
STREET ADDRESS	7512 RIVERVIEW DR. NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICE, JOHN L	
STREET ADDRESS	2416 85TH STREET NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGORY, STUART	
STREET ADDRESS	5225 RIVERVIEW BLVD. W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, H L	
STREET ADDRESS	7000 RIVERVIEW BLVD. NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ *1/28/04* *941-751-7525*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #