

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000049343

1. Entity Name
R & C RIVERS COMPANIES, INC.



Principal Place of Business
2100 CONSTITUTION BLVD
STE 114
SARASOTA, FL 34231 US

Mailing Address
2100 CONSTITUTION BLVD
STE 114
SARASOTA, FL 34231 US

FILED
Apr 19, 2004 08:00 AM
Secretary of State



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0501311
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, KENT J
8075 S. BENEVA RD.
SUITE 6
SARASOTA, FL 34238

**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, 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
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
RIVERS, RONALD D
7667 COVE TERR
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
RIVERS, CHARLES E
6420 HOLLYWOOD RD
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**

000000117502
14/19/04-80021-025 150.00

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:

Charles E. Rivers V.P.

4-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. RIVERS

Date

Daytime Phone #