


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90021 001 ***150.00

DOCUMENT # P94000091055		
1. Entity Name RIVER OAKS DEVELOPMENT CORPORATION		

Principal Place of Business 1109 LATTA LANE ORLANDO, FL 32804	Mailing Address P.O. BOX 540022 ORLANDO, FL 32854-0022
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2. Principal Place of Business - No P.O. Box # 733 West Smith Street	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando FL	City & State
Zip 32804	Country U.S.



04142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SMITH, TRACEY M 1109 LATTA LANE ORLANDO, FL 32804	
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4. FEI Number 59-3293578	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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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SMITH, TRACEY M 1109 LATTA LANE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADDEN, MICHAEL 1109 LATTA LANE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: <u>Tracey M. Smith</u>	Date: <u>04/14/08</u>	Daytime Phone #: <u>(407) 481-8733</u>
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