

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000040401

1. Entity Name
RIVER QUEEN CRUISES, INC.



Principal Place of Business
8635 101ST CT.
VERO BEACH, FL 32967

Mailing Address
8635 101ST CT.
VERO BEACH, FL 32967

**FILED
Apr 11, 2005 08:00 AM
Secretary of State**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0585870	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWARD, JOANN V
8635 101ST CT.
VERO BEACH, FL 32967

**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

10. OFFICERS AND DIRECTORS

TITLE PST
NAME HOWARD, JOANN W
STREET ADDRESS 8635 101ST CT.
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE D
NAME HOWARD-CULBERSON, CAROL A
STREET ADDRESS 106 W ARCH DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000298009
04/11/05-80050-021 150.00

**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:

Carol Howard Culberson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol A. Howard-Culberson

561 642 9832
4-5-2005 561 329 8382
Date Daytime Phone #