

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90642 014 ***150.00

DOCUMENT # P95000062945

1. Entity Name

RIVERTOWN ANTIQUE MALL, INC.



Principal Place of Business

114 SOUTH WOODLAND BLVD.
DELAND FL 32720

Mailing Address

114 SOUTH WOODLAND BLVD.
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

P.O. Box 826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

Country

Zip

Country

32721

USA

4. FEI Number

59-3337296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENNA, DANIEL C
734 NORTH TUXEDO AVENUE
DELAND FL 32714

7. Name and Address of New Registered Agent

Name Daniel C. McKenna

Street Address (P.O. Box Number is Not Acceptable)

825 Pine Tree Court

City Deland

FL

Zip Code

32724

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

Daniel C. McKenna

4/8/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCKENNA, TRACY
STREET ADDRESS 114 SOUTH WOODLAND BLVD.
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE T
NAME MCKENNA, DAN
STREET ADDRESS 114 SOUTH WOODLAND BLVD.
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN MCKENNA

Date

4/8/04

Daytime Phone #

(386)
734-4260