


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90118 026 ***150.00

DOCUMENT # P96000080814 1. Entity Name RIVER'S EDGE MOTEL, INC.					
Principal Place of Business 285 NORTH RIVER ROAD LABELLE, FL 33935			Mailing Address 285 NORTH RIVER ROAD LABELLE, FL 33935		
2. Principal Place of Business - No P.O. Box # 285 Old CR 78		3. Mailing Address 285 Old CR 78			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Labelle, FL		City & State Labelle, FL		4. FEI Number 65-0703546	
Zip 33935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLISSENBACH, KARL 285 NORTH RIVER ROAD LABELLE, FL 33935			7. Name and Address of New Registered Agent Name <u>James A. Bishop, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>254 Old CR 78</u> City <u>Labelle</u> FL Zip Code <u>33935</u>		
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 <u>James A Bishop Jr</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>APR. 15, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BLISSENBACH, KARL STREET ADDRESS 285 NO. RIVER ROAD CITY-ST-ZIP LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete		TITLE Secretary/Director NAME Beth B. Bellmyer STREET ADDRESS 78 Kissel Ave. CITY-ST-ZIP Staten Island, NY 10310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE President/Director NAME Kathy J. Blissenbach STREET ADDRESS 751 Chestnut Dr. CITY-ST-ZIP Eugene, Oregon 97404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Vice President/Director NAME Paul Blissenbach STREET ADDRESS 63 New Mashipacong Rd. CITY-ST-ZIP Montague, NJ 07287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Peter Blissenbach STREET ADDRESS 7 Garrison Dr. CITY-ST-ZIP Hazlet, NJ 07730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>James A Bishop Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>APR 15, 2008</u> 863-517-0863 <small>Date Daytime Phone #</small>		