2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State 04-14-2004 90032 036 ***150.00

1. Entity Name NORTH RIVER HOLDINGS, INC.							04-14-2004	70032 0.	70 130	
Principal Place of Business 1680 FRUITVILLE ROAD SARASOTA, FL 34236 US		46 N WA	Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236			. (BS)		10414		
2. Principal Place of Business		3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			3232004	Chg-P	CR2E0	34 (10/03)	
City & Stat	e	City & S	City & State			FEI Numbe			 	plied For t Applicable
Zip .	Country Zip Cour			Country	5.	. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Cu	rrent Registered A	gent		7.	Name and	Address of New	Registered	Agent	
PATTERSON, JOHN 46 N WASHINGTON BLVD #1					Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FL 34236				{	N. WAS	SHING	CON BLVI)		
·				City	ASOTA			FL	Zip Cod	 236
	named entity submits this statemations of registered agent.	nent for the purpose			or registered a		h, in the State of I	Florida, 1 am		
FIL After M	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$		lection Campaid rust Fund Contr	gn Financing bution.	\$5.00 Added to	May Be o Fees			, , ,	
10.	OFFICERS	AND DIRECTORS		11.		ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE	DPST		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	FARR, DONALD 1680 FRUITVILLE ROAD SARASOTA, FL			NAME STREET ADDRESS CITY-ST-ZIP	;					
	SARASOTA, PL		<u> </u>		 		· · · · · · · · · · · · · · · · · · ·		Channe	- Addison-
NAME STREET ADDRESS			☐ Delete	title Name Street address	;				☐ Change	Addition
CITY-ST-ZIP				CITY-ST-ZIP						_
NAME STREET ADDRESS CITY-ST-ZIP		· · - · · ·	Delete	TITLE NAME STREET ADDRESS OTTY-ST-ZIF-					☐ Change	Addition
TITLE	1,		☐ Delete	TITLE					☐ Change	Addition
NAME				NAME						
STREET ADDRESS CHTY-ST-ZIP				STREET ADDRESS CITY - ST - ZIP	i 					
TITLE			☐ Delete	TITLE	T	<u> </u>			☐ Change	☐ Addition
NAME	l .			NAME	1					
STREET ADDRESS CITY-ST-ZIP				STREET ADORESS CITY-ST-ZIP	s					
1			☐ Delete	STREET ADORESS	3			·	☐ Change	Addition
CITY-ST-ZIP TITLE NAME			☐ Delete	STREET ADORESS CITY-ST-ZIP TITLE NAME				·	☐ Change	☐ Addition
CITY-ST-ZIP TITLE			☐ Delete	STREET ADORESS CITY-ST-ZIP TITLE			· .	· · · · · · · · · · · · · · · · · · ·	☐ 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-

(941)951-2622

> Date Daytime Phone #