2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017046

Entity Name: RIVER MARINA, INC.

Address:

City-St-Zip:

PO BOX 466

PALM CITY, FL 34991

FILED Apr 30, 2009 Secretary of State

Entity Nar	ne: RIVER MA	ARINA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
74 SW HIDEAWAY PLACE STUART, FL 34994			2112 SE RAY'S WAY STUART, FL 34994	2112 SE RAY'S WAY STUART, FL 34994	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 40 PALM CIT	66 Y, FL 34991				
FEI Number:	65-0732812	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MCALPIN, DANIEL 74 SW HIDEAWAY PLACE STUART, FL 34994 US			MCALPIN, DANIEL 2112 SE RAY'S WAY STUART, FL 34994	2112 SE RAY'S WAY	
	named entity s of Florida.	ubmits this statement for the po	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DANIEL MC ALPIN				04/30/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD () GRIFFIN, JAME PO BOX 466 PALM CITY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () GRIFFIN, JAME PO BOX 466 PALM CITY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () MC ALPIN, DAN	Delete EL	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DANIEL MC ALPIN S 04/30/2009