2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000038434

1. Entity Name
RIVER FLITE, INC.

Principal Place of Business	Mailing Address
565 DOMINICAN TERRACE SEBASTIAN, FL 32958	565 DOMINICAN TERRACE SEBASTIAN, FL 32958

(P97000038434P)

03152004 No Chg -P CR2E034 (10/ 03)

4. FEI Number
59-3457204

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HECKMAN, BOB
1113 NORTH WATERWAY DRIVE
BAREFOOT BAY, FL 32976

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n 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 re (mailing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000091039
03/17/04-80043-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HECKMAN, BOB
STREET ADDRESS	1113 NORTH WATERWAY DRIVE
CITY-ST-ZIP	BAREFOOT BAY, FL 32976
TITLE	ST
NAME	DEVINE, MATTHEW
STREET ADDRESS	565 DOMINICAN TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	V
NAME	AUSTIN, STEVE
STREET ADDRESS	401 PELICAN KEY
CITY-ST-ZIP	MELBOURNE BEACH, FL 32954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNA TURE: Matthew W. Devine MATTHEW W. DEVINE 3/15/04 772 388-4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #