

FROM : LIBERTY CONSULTING SERVICES

FAX NO. : 352 527 2072

Apr. 21 2004 10:56AM P1

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000075426																																										
1. Entity Name RIVER AUTO & TRUCK SALES, INC.																																										
Principal Place of Business 5538 FRANCES AVE NEW PORT RICHEY, FL 34653		Mailing Address 5538 FRANCES AVE NEW PORT RICHEY, FL 34653																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent FISHER, BRIAN 5538 FRANCES AVE NEW PORT RICHEY, FL 34653		DO NOT WRITE IN THIS SPACE 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Total Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>FISHER, BRIAN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5538 FRANCES AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34653</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	P	NAME	FISHER, BRIAN	STREET ADDRESS	5538 FRANCES AVE	CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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.
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SIGNATURE: <u>Brian Fisher</u> (PRAS) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-20-04 Date																																								



04132004 No Chg-P CR2E034 (10/03)

4. FRI Number
59-3079048Applied For
No. Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**000000129308
04/26/04-80073-013 150.00