

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90116 024 ***150.00



DOCUMENT # P97000095558
 1. Entity Name
RIVER ONE, INC.

Principal Place of Business: **7490 CLUBHOUSE RD SUITE 200 BOULDER CO 80301 US**
 Mailing Address: **PO BOX X BOULDER CO 80306 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 City & State: **Boulder CO**
 Zip: **80301** Country: **USA**

3. Mailing Address: **7490 Clubhouse Road**
 Suite, Apt. #, etc.: **Suite 200**
 City & State: **Boulder CO**
 Zip: **80301** Country: **USA**

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
Haisfield, Randy
324 ROYAL PALM WAY
SUITE 231
PALM BEACH FL 33480

4. FEI Number: **65-0807130** Applied For: Not Applicable:

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> Delete
NAME	Haisfield, Randy	
STREET ADDRESS	7490 CLUBHOUSE RD, STE 200	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	Haisfield, Tamara	
STREET ADDRESS	7490 CLUBHOUSE RD, STE 200	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* **3/29/05** **303-440-8874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #