2004 FOR PROFIT CORPORATION

Jul 15, 2004 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P98000028497 RIVERWOOD RV VILLAGE, INC. Principal Place of Business Mailing Address P.O. BOX 365 P.O. BOX 365 GEORGETOWN, FL 32139-0365 GEORGETOWN, FL 32139-0365 03072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3502263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, ELIZABETH P DO NOT WRITE 117 RIVERWOOD VILLAGE ROAD GEORGETOWN, FL 32139 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 reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS #0000165331 U7/15/04-80004-012 550.00 TITLE GREEN, PAUL J NAME 117 RIVERWOOD VILLAGE ROAD STREET ADDRESS CITY-ST-ZIP GEORGETOWN, FL TITLE NAME GREEN, ELIZABETH P STREET ADDRESS 117 RIVERWOOD VILLAGE ROAD GEORGETOWN, FL CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TALE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 atta

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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