

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048791

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: RIVERLAND VACATIONS INCORPORATED

## Current Principal Place of Business:

24102 PANTHER RD  
ASTOR, FL 32102

## New Principal Place of Business:

## Current Mailing Address:

24102 PANTHER RD  
ASTOR, FL 32102

## New Mailing Address:

FEI Number: 59-3526479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIKE, SHEILA ANN  
24102 PANTHER RD  
ASTOR, FL 32102

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PIKE, SHEILA ANN  
Address: 24102 PANTHER RD  
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete  
Name: PIKE, RAYMOND H  
Address: 24102 PANTHER RD  
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete  
Name: HUNTER, JULIE ANN  
Address: 24102 PANTHER ROAD  
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete  
Name: HOUK, MARILYN  
Address: PO BOX 194  
City-St-Zip: ASTOR, FL 32102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHEILA ANN PIKE

PRES

04/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date