2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000070110

1. Entity Name
RIVER HAVEN MARINE, INC.

Principal Place of Business	Mailing Address
1110 RIVERSIDE DRIVE STEINHATCHEE, FL 32359	P.O. BOX 898 STEINHATCHEE, FL 32359

DO NOT WRITE IN THIS SPACE

01242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3540630	Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, TIMOTHY J
1110 RIVERSIDE DRIVE
STEINHATCHEE, FL 32359

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 _Timothy J. Powell_

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

DATE _04-09-07_

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PVD
NAME	POWELL, TIMOTHY J
STREET ADDRESS	P O BOX 898 N/A
CITY-ST-ZIP	STEINHATCHEE, FL 32359

TITLE	SD
NAME	POWELL, SHARI A
STREET ADDRESS	P O BOX 898 N/A
CITY-ST-ZIP	STEINHATCHEE, FL 32359

TITLE	
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04/20/07-80089-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Timothy J. Powell_   _04-09-07_   352-498-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #