2008 FOR PROFIT CORPORATION

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT						
DOCUMENT # P9800 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					
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A FEI Number SPACE 4. FEI Number 59-3540630 1. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent POWELL, TIMOTHY J 11/10 RIVERSIDE DRIVE STEINHATCHEE, FL 32359 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agent, or both, in the State of Florids. I am familiar with, and accept the remaining of registered agen	ŕ	•				Y 18191 1911 BAZII BAIII BAIII BA]		
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		Certify that the information supplied with this	filing does not qualify for the ex-	emptions contained	I in Chapter 119	3, Florida Statutes. I fu	rther certify that th	ne information	\dashv

indicated on this report or supplied with this integrates 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 tike empowered.