

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000065428

Entity Name: RIVER RISING, INC.

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4448 WINDING WILLOW DR.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

4448 WINDING WILLOW DR.  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 59-3596654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARTRIDGE, ROBERT L  
4448 WINDING WILLOW DR.  
PALM HARBOR, FL 34683 US

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARTRIDGE, MONIKA B  
Address: 4448 WINDING WILLOW DR.  
City-St-Zip: PALM HARBOR, FL 34683

Title: VD  
Name: PARTRIDGE, ROBERT L  
Address: 4448 WINDING WILLOW DR.  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. PARTRIDGE

VD

01/15/2011

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

\_\_\_\_\_  
Date