2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

ANNUAL REPORT				_	
DOCUMENT # P99000089017				Secretary of State	
1. Entity Nan	me _				
PEACE F	RIVER VALLEY MONUMENT	CO.			
Principal Plac	ce of Business	Mailing Address	<u> </u>	-{	
163 N BREV		P 0 BOX 1499			
ARCADIA, FL	34265	ARCADIA, FL 34265			
				E DEMINERAL TRA CORTO ROSTO ROSTO MONTE DERIN DE CONTROL DE CONTRO	
					
				02032005 No Chg-P CR2E034 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FE! Number Applied For	
				59-3603192 Not Applicabl	
				5. Certificate of Status Desired \$8.75 Additional	
	5. Name and Address of Current R	enistored Agent	Victoria No. 15 7 magazini Gred	Fee Required	
	o. Hame and Addiess of Callant to	ogisterou Agent			
	S, THOMAS M			DO NOT WRITE	
3043 SPENCER LANE SARASOTA, FL 34239			ļ. · · ·	The state of the s	
02166001	17,11 04209		ļ	IN THIS SPACE	
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2 The show	named entity submits this statement for	the numbers of changing its register	ad office or register	are a point or both in the State of Elevide. Low familiar with and again	
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 of pirinted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.		5.00 May Be ded to Fees	
10.	OFFICERS AND D	RECTORS	I		
TITLE	P			Homonoo (como	
NAME ATTRET ADDRESS	ROBARTS, THOAMS M			000000219206 02/08/05-80018-011 150.00	
STREET ADDRESS CITY-ST-ZIP	3043 SPENCER LANE SARASOTA, FL 34239			om 00,00 00010 011 100,00	
TITLE	V		··· ··		
NAME	BUTTON, RICHARD				
STREET ADDRESS	163 N BREVARD AVE				
CITY-ST-ZIP	ARCADIA, FL 34266	<u> </u>		e de la companya de	
TITLE NAME	}				
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CITY-ST-ZIP	<u> </u>			DO NOT WRITE	
TITLE				IN THIS SPACE	
NAME			J.	iii iiiio oi Aoe	
STREET ADDRESS CITY-ST-ZIP					
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CITY-ST-ZIP	<u> </u>	g agreem a garden and a garden		THE PARTY TO IT WAS TO THE PARTY TO THE PART	
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 attachment with an address, with all other like empowered.					
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