


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000111937 1. Entity Name RIVER BEND OF COCOA BEACH, INC.	
---	---

Principal Place of Business 750 N. ATLANTIC AVENUE COCOA BEACH, FL 32935	Mailing Address 750 N. ATLANTIC AVENUE COCOA BEACH, FL 32935
--	--

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3617437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 750 N. ATLANTIC AVENUE COCOA BEACH, FL 32935	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

6. 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: _____ (NOTE: Registered Agent signature required when retreating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U990000131789 04/27/04-80020-006 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINGDAHL, DANNY P 750 N. ATLANTIC AVENUE SUITE 1209 COCOA BEACH, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIEBERMAN, ARNOLD S 750 N. ATLANTIC AVENUE SUITE 1209 COCOA BEACH, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RINGDAHLN, JANET 750 N. ATLANTIC AVENUE SUITE 1209 COCOA BEACH, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4/21/04** **321-783-1373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone