

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 007 ***150.00

DOCUMENT # S10082

1. Entity Name
RIO VISTA OFFICE CENTER, INC.



Principal Place of Business
1617 RIDGEWOOD AVE
STE G
HOLLY HILL, FL 32117 US

Mailing Address
1617 RIDGEWOOD AVE
STE G
HOLLY HILL, FL 32117 US

40004228



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3042850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, JOSEPH A.
1617 RIDGEWOOD AVE
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAAS, DONALD A.	
STREET ADDRESS	ONE JOHN ANDERSON DRIVE SUITE 709	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SAMUELS, LOUIS P.	
STREET ADDRESS	500 CARSWELL AVE.	
CITY-ST-ZIP	HOLLY HILL, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, BUDD S.	
STREET ADDRESS	57 HILLS LANE	
CITY-ST-ZIP	WESTPORT, CT	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	ROTH, JOSEPH A	
STREET ADDRESS	1617 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH A. ROTH	
STREET ADDRESS	1617 RIDGEWOOD AVE, STE G	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Joseph A. Roth JOSEPH A. ROTH 1-7-05 386-677-3104