2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S37271

1. Entity Name

FILED Apr 01, 2005 08:00 AM Secretary of State

RIVERBOAT LANDING, INC.				
Principal Place 200 VALENC MAITLAND, F	(A AVENUE	failing Address P.O. BOX 1618 MAITLAND, FL 32794 US		_
DO NŌT WRITE IN THIS SPA		CE	01172005 No Chg-P CR2E034 (10/03) 4. FEI Number	
	6. Name and Address of Current Regis	stered Agent		
HICKMAN, ANDRE F 200 VALENCIA DR MAITLAND, FL 32751				DO NOT WRITE IN THIS SPACE
the obligati	ions of registered agent.		•	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and filler	mente et et et et et et et et et e	er e	of Hugh Tokes of Asia Asia (1997) and the Same of Asia (1997). The same of the Same of
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registers	d Ageni signatura requirad	(when reinstaling) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME	TSD WARD, JOSIANE M		man a ser a service a series persons are ser	
STREET ADDRESS	200 VALENCIA AVENUE			

MAITLAND, FL CITY-ST-ZIP Ugnn00283433 TITLE VΦ 04/01/05-80028-010 150.00 MILLER, HAROLD A NAME 200 VALENCIA AVENUE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL PD TITLE HICKMAN, ANDRE F. NAME 200 VALENCIA AVENUE STREET ADDRESS DO NOT WRITE MAITLAND, FL CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

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 (urther 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05

457-331-1688