

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48061

FILED
Jan 07, 2009
Secretary of State

Entity Name: RIVER SAFARIS & GULF CHARTERS, INC.

Current Principal Place of Business:

10823 YULEE DR
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

10823 YULEE DR
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 59-3133226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, ALICIA
5543 W NOBIS CR
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

LOWE, ALICIA V.V.P.
5543 W NOBIS CR
HOMOSASSA, FL 34448 US

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: ALICIA V. LOWE

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: RAPD () Delete
Name: LOWE, DENNIS
Address: 10823 YULEE DR
City-St-Zip: HOMOSASSA, FL 34448

Title: VSTD () Delete
Name: LOWE, ALICIA
Address: 10823 YULEE DR
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LOWE, DENNIS W
Address: 10823 YULEE DR
City-St-Zip: HOMOSASSA, FL 34448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICIA V. LOWE

V.P.

01/07/2009

Electronic Signature of Signing Officer or Director

Date