

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 004 ****61.25

DOCUMENT # 736577
1. Entity Name
PEACE RIVER MAINTENANCE INC.



Principal Place of Business: **LIVINGSTON STREET
P.O. BOX 2969
ARCADIA FL 33821**
Mailing Address: **LIVINGSTON STREET
P.O. BOX 2969
ARCADIA FL 34266
US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-2413352**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**YUROSKO, JOHN
123 SHAMROCK BLVD.
VENICE FL 34293**

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 \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | PAFFORD, THOMAS | |
| STREET ADDRESS | 4152 NW NORTH RD | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES, JOHN | |
| STREET ADDRESS | 4224 N W NORTH RD | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | SCHILL, RICK | |
| STREET ADDRESS | 1442 NW FARRENS DR | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | YUROSKO, JOHN | |
| STREET ADDRESS | 123 SHAMROCK BLVD | |
| CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | HEINLEIN, WALTER | |
| STREET ADDRESS | 3684 N.W. SOUTHFORK ROAD | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SPERRY, ELIOT | |
| STREET ADDRESS | 1998 NW GOATHILL ST. | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPPER, PAUL | |
| STREET ADDRESS | 4282 NW NORTH RD | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |

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 617, 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: *Walter Heinlein* **WALTER J. HEINLEIN** 2-2-04 (863) 993-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #