




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 037 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2413352		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: SCHILL, RICK Street Address (P.O. Box Number is Not Acceptable): 1442 NW FARRENS DRIVE City: ARCADIA FL Zip Code: 34266	
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:  Rick Schill, DP 03/29/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAFFORD, THOMAS 4152 NW NORTH RD ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHILL, RICK 1442 NW FARRENS DR ARCADIA FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOHN 4224 N W NORTH RD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAXWELL, SUE ELLEN 4981 NW NORTH ROAD ARCADIA FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHILL, RICK 1442 NW FARRENS DR ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YUROSKO, JOHN 2400 KILPATRICK ROAD NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YUROSKO, JOHN 123 SHAMROCK BLVD VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, MARIE-ANNE 4923 NW NORTH ROAD ARCADIA FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEINLEIN, WALTER 3684 N.W. SOUTH FORK ROAD ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVALLEE, TIMOTHY 1807 NW GOATHILL ROAD ARCADIA FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPER, PAUL 4282 NW NORTH RD ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOHN 4224 NW NORTH ROAD ARCADIA FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Marie-Anne Smith, DT		Date: 03/29/2005 Daytime Phone #: 941-232-5999	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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ATTACHMENT
#736577

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ADDITIONAL DIRECTORS LIST CONTINUED
2005 ANNUAL REPORT

D
SPIEGEL, BILL
1919 NW GOATHILL DRIVE
ARCADIA FL 34266

Change Addition

D
SHERWIN, PHILIP
1227 SE 2nd PLACE
CAPE CORAL FL 33990

Change Addition