

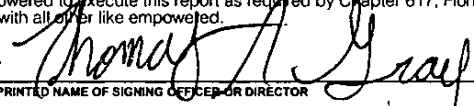


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90341 029 ****70.00

| | | | | | |
|--|-----------------------|--|---|---|--|
| 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 | | 4. FEI Number 59-2413352 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SCHILL, RICK 1442 NW FARRENS DRIVE ARCADIA, FL 34266 | | | Name Pollard, John | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 4076 NW North Road | | |
| | | | 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 JOHN POLLARD, PRESIDENT | |  | | 3/22/06 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | DV | <input checked="" type="checkbox"/> Delete | TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAXWELL, SUE E | | NAME | LAVALLEE, TIMOTHY | |
| STREET ADDRESS | 4981 NW NORTH ROAD | | STREET ADDRESS | 1807 GOATHILL ROAD | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | | CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, JOHN | | NAME | SMITH, MARIE A | |
| STREET ADDRESS | 4224 NW NORTH ROAD | | STREET ADDRESS | 4923 NW NORTH ROAD | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | | CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHILL, RICK | | NAME | GRAY, THOMAS | |
| STREET ADDRESS | 1442 NW FARRENS DR | | STREET ADDRESS | 24403 JEAN LAFITTE BLVD. | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | | CITY-ST-ZIP | PUNTA GORDA, FL 33955 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YUROSKO, JOHN | | NAME | POLLARD, JOHN | |
| STREET ADDRESS | 2400 KILPATRICK ROAD | | STREET ADDRESS | 4076 NW NORTH ROAD | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, MARIE A | | NAME | YUROSKO, JOHN | |
| STREET ADDRESS | 4923 NW NORTH ROAD | | STREET ADDRESS | 2400 KILPATRICK ROAD | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | | CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LAVALLEE, TIMOTHY | | NAME | EVOY, WILLIAM | |
| STREET ADDRESS | 1807 NW GOATHILL ROAD | | STREET ADDRESS | 1596 GOATHILL ROAD | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | | CITY-ST-ZIP | ARCADIA, FL 34266 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: THOMAS GRAY, D/T | |  | | 3/27/06 941 505 7711 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

ADDITIONAL DIRECTORS LIST CONTINUED
2006 ANNUAL REPORT

ATTACHMENT

20027695
#736577

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

Change Addition

NO CHANGE