


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90029 032 \*\*\*\*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 - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/07)

City & State

4. FEI Number  
**59-2413352**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHILL, RICK  
4076 NW N RD  
ARCADIA FL 34266**

7. Name and Address of New Registered Agent

Name **JOHN JONES**

Street Address (P.O. Box Number is Not Acceptable)  
**4224 NW NORTH RD**

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 A. Jones* **JOHN JONES-CHAIRMAN 8-4-07**

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 September 5, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	DV LAVALLEE, TIMOTHY 1807 GOATHILL RD ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, MARIE A 4923 NW N RD ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAY, THOMAS 24403 JEAN LAFITTE BLVD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YUROSKO, JOHN 2400 KILPATRICK ROAD NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUROSKO, JOHN 2400 KILPATRICK RD NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVALLEE, TIMOTHY 1807 NW GOATHILL ROAD ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN-DIRECTOR JOHN JONES 4224 NW NORTH RD ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DIRECTOR BILL SPIEGEL 1919 NW GOATHILL ST ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR WALTER HEINLEIN 3864 NW SOUTH FORK RD ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT-DIRECTOR PAUL HOPPER 4282 NW NORTH RD ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS PAFFORD 4152 NW NORTH RD ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter Heinlein* **WALTER J HEINLEIN 8-4-07 863-993-9670**