


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90030 017 ****61.25

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



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



2. Principal Place of Business - No P.O. Box # 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 **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
JONES, JOHN
4224 NW NORTH RD
ARCADIA FL 34266

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is used when reinstating)

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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	CD	<input type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	4224 NW NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPIEGEL, BILL	
STREET ADDRESS	1919 NW GOATHILL ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEINLEIN, WALTER	
STREET ADDRESS	3864 NW SOUTH FORK RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOPPER, PAUL	
STREET ADDRESS	4282 NW NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAFFORD, THOMAS	
STREET ADDRESS	4152 NW NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, BILL	
STREET ADDRESS	1919 NW GOATHILL ST	
CITY-ST-ZIP	ARCADIA, FL 34266	
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		

SPIEGEL
 ← →

SD SPIEGEL, BILL
1919 NW GOATHILL ST
ARCADIA, FL 34266
CORRECTED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 2/9/08 (863) 993-9670