

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736577

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: PEACE RIVER MAINTENANCE INC.

## Current Principal Place of Business:

LIVINGSTON STREET  
P.O. BOX 2969  
ARCADIA, FL 33821

## New Principal Place of Business:

LIVINGSTON STREET  
BX2969  
ARCADIA, FL 34265 US

## Current Mailing Address:

LIVINGSTON STREET  
P.O. BOX 2969  
ARCADIA, FL 34266 US

## New Mailing Address:

LIVINGSTON STREET  
P.O. BOX 2969  
ARCADIA, FL 34265 US

FEI Number: 59-2413352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, JOHN  
4224 NW NORTH RD  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: JONES, JOHN  
Address: 4224 NW NORTH RD  
City-St-Zip: ARCADIA, FL 34266

Title: SD ( ) Delete  
Name: SPIEGEL, BILL  
Address: 1919 NW GOATHILL ST  
City-St-Zip: ARCADIA, FL 34266

Title: TD ( ) Delete  
Name: HEINLEIN, WALTER  
Address: 3864 NW SOUTH FORK RD  
City-St-Zip: ARCADIA, FL 34266

Title: VPD ( ) Delete  
Name: HOPPER, PAUL  
Address: 4282 NW NORTH RD  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: PAFFORD, THOMAS  
Address: 4152 NW NORTH RD  
City-St-Zip: ARCADIA, FL 34266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER HEINLEIN

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date