


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # G35891
 1. Entity Name
 RIVER COUNTRY MANAGEMENT, INC.



Principal Place of Business 1313 W MIDWAY ROAD FT PIERCE, FL 34982 US	Mailing Address 1313 W MIDWAY ROAD FT PIERCE, FL 34982 US
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03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2286385	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURPHY, TRAVIS E JR.
 1313 W MIDWAY ROAD
 FT PIERCE, FL 34982

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000093505
 03/22/04-80020-012 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURPHY, SHARON Y. 1313 W MIDWAY ROAD FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, TRAVIS E JR 1313 W MIDWAY ROAD FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MURPHY, JOHN A 1313 W MIDWAY RD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 Travis E. Murphy Jr _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____