

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004519

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: RIVER CITY CONSTRUCTION OF N.C. CO.

**Current Principal Place of Business:**

3534 CHERRY RUN ROAD  
WASHINGTON, NC 27889

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1420  
WASHINGTON, NC 27889

**New Mailing Address:**

FEI Number: 56-1666144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYLE, SUSAN W  
36 COLUMBINE TRAIL  
DE BARY, FL 32713      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: DWAIN EDWARDS, WILLIAM  
Address: P.O. BOX 1420  
City-St-Zip: WASHINGTON, NC 27889

Title: V ( ) Delete  
Name: MCCULLOUGH, CINDY  
Address: P.O. BOX 1420  
City-St-Zip: WASHINGTON, NC 27889

Title: ST ( ) Delete  
Name: SCOTT, SHARON B  
Address: P.O. BOX 1420  
City-St-Zip: WASHINGTON, NC 27889

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM. DWAIN EDWARDS

PRES

04/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date