

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90037 025 ***150.00

DOCUMENT # 203388	
1. Entity Name RIVERS BUS SALES, INC.	

Principal Place of Business 10626 GENERAL AVE JACKSONVILLE FL 32220	Mailing Address 10626 GENERAL AVE JACKSONVILLE FL 32220
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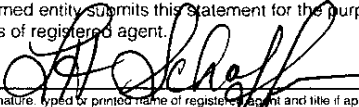
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-0815577		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHAFFER, LAWRENCE H 9002 CAMSHIRE DR JACKSONVILLE FL 32244		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  **LH SCHAFFER - PRES** **2-6-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME SCHAFFER, LAWRENCE H		NAME	
STREET ADDRESS 9002 CAMSHIRE DR.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32244		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME SEARCY, ERNEST J		NAME	
STREET ADDRESS 10728 FALL CREEK DR		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32222		CITY-ST-ZIP	
TITLE S	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME CRAIG, JENNIFER M		NAME	
STREET ADDRESS 8550 LORI ANN CT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32220		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **LH SCHAFFER - PRES** **2-6-04** **904-783-0313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #