2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255502

FILED May 03, 2004 Secretary of State

Entity Name: RIVERTON	N TOWER INC		
Current Principal Place of Business:		New Principal Place of	Business:
RIVERTON TOWER, ROOM 410 5353 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211			
Current Mailing Address:		New Mailing Address:	
RIVERTON TOWER, ROC 5353 ARLINGTON EXPRE JACKSONVILLE, FL 3221	SSWAY		
FEI Number: 59-2871337	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
JONES, DOROTHY D. 5353 ARLINGTON EXPRS JACKSONVILLE, FL 3221			
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:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32211 US

() Delete Title: Title: (X) Change () Addition JONES, DOROTHY D., JONES, DOROTHY D Name: Name: 5353 ARLINGTON EXPWY Address: 5353 ARLINGTON EXPWY Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 32211 US Title: STD () Delete Title: (X) Change () Addition JONES, JACK H., GERDING, KATHLEEN A Name: Name: Address: Address: 5353 ARLINGTON EXPWY 5353 ARLINGTON EXPWY JACKSONVILLE, FL JACKSONVILLE, FL 32211 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete TTD Name: Name: WROBLESKI, CHERYL Address: Address: 5353 ARLINGTON EXPRESSWAY

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: DOROTHY D JONES PD 05/03/2004