

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005284

1. Entity Name
RIVER CITIES BUILDERS, INC.



Principal Place of Business
125 SANDY COVE
GREENUP, KY 41144

Mailing Address
125 SANDY COVE
GREENUP, KY 41144

FILED
Feb 23, 2004 08:00 AM
Secretary of State



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1296993

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FELTY, JARVEY
190 FLAGLER LANE #19
COCOA, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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

Jarvey Felty - Registered Agent
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-23-04
DATE

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

000000061452
02/23/04-80081-011 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP
LOGAN, GREGORY T
2913 R OHIO RIVER ROAD
GREENUP, KY 41144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LOGAN, ANGELA
2913 R OHIO RIVER ROAD
GREENUP, KY 41144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory T Logan - President

1-23-04
Date

606-473-4112
Daytime Phone #