2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90024 035 ***558.75

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1. Entity Name
RIVER CITIES BUILDERS, INC.

Principal Place of Business	Mailing Address
125 SANDY COVE GREENUP, KY 41144	125 SANDY COVE GREENUP, KY 41144

05132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
175 Sandy Cove	175 Sandy Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenup KY	City & State: Greenup KY
Zip: 41144 Country:	Zip: 41144 Country:

4. FEI Number: 61-1296993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELTY, JARVEY 190 FLAGLER LANE #19 COCOA, FL 32931	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: Jarvey Felty - Jarvey Felty 5-12-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVP	☐ Delete	TITLE	PVP	☒ Change ☐ Addition
NAME	LOGAN, GREGORY T		NAME	Logan, Gregory T.	
STREET ADDRESS	2913 R OHIO RIVER ROAD		STREET ADDRESS	72 Yankee Lane	
CITY-ST-ZIP	GREENUP, KY 41144		CITY-ST-ZIP	Greenup, KY 41144	
TITLE	ST	☐ Delete	TITLE	ST	☒ Change ☐ Addition
NAME	LOGAN, ANGELA		NAME	Logan, Angela	
STREET ADDRESS	2913 R OHIO RIVER ROAD		STREET ADDRESS	72 Yankee Lane	
CITY-ST-ZIP	GREENUP, KY 41144		CITY-ST-ZIP	Greenup, KY 41144	
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		
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 exemptions contained 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 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: Greg Logan - Greg Logan - President 5-12-06 606-473-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #