


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004369 1. Entity Name RIVERCITY RIDERS, INC.	
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Principal Place of Business 9260 REWIS ROAD JACKSONVILLE, FL 32220	Mailing Address 9260 REWIS ROAD JACKSONVILLE, FL 32220
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01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEY, SHARON E 9260 REWIS ROAD JACKSONVILLE, FL 32220	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KEY, SHARON E 9260 REWIS ROAD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JACKSON, CAROLE D 177 MAYALL DRIVE WEST JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KEY, MICHAEL 9260 REWIS ROAD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LANE, CRYSTAL 10556 FORD RD BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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)(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 617, 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 empowerments

SIGNATURE: Cystal M Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____