

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054558

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: RIVERMAR CONTRACTING COMPANY

## Current Principal Place of Business:

4650 LINKS VILLAGE DR  
UNIT A103  
PONCE INLET, FL 32127

## New Principal Place of Business:

P.O. BOX 723427  
ATLANTA, GA 31139

## Current Mailing Address:

P.O. BOX 723427  
ATLANTA, GA 31139

## New Mailing Address:

FEI Number: 59-3656443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: MUELLER, MARK  
Address: 1845 THE EXCHANGE  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: BRUEGGEN, DAVID V  
Address: 4620 S ATLANTIC AVE  
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete  
Name: BIRDWELL, CODY W  
Address: 1845 THE EXCHANGE STE 200  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: MUELLER, THOMAS W  
Address: 4620 S ATLANTIC AVE  
City-St-Zip: PONCE INLET, FL 32127

Title: VP ( ) Delete  
Name: MATHIS, STEVEN B  
Address: 1845 THE EXCHANGE STE 200  
City-St-Zip: ATLANTA, GA 30339

Title: S ( ) Delete  
Name: GIGLIO, DOROTHY  
Address: 1845 THE EXCHANGE  
City-St-Zip: ATLANTA, GA 30339

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: DOROTHY GIGLIO

S

02/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date