

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90353 005 ***150.00

DOCUMENT # P02000026570

1. Entity Name
RIVERCOAST DEVELOPMENT CORP.



Principal Place of Business
41 U.S. 19 NORTH
INGLIS, FL 34449

Mailing Address
P.O. BOX 291
YANKEETOWN, FL 34498



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3032341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POST, WILLIAM A ESQ
20702 W. PENN AVE.
DUNNELLON, FL 34431

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MYRICK, ROGER D
STREET ADDRESS P.O. BOX 291
CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE S
NAME MYRICK, KIMBERLY A
STREET ADDRESS P.O. BOX 291
CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE T
NAME MYRICK, KIMBERLY A
STREET ADDRESS P.O. BOX 291
CITY-ST-ZIP YANKEETOWN, FL 34498

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 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: R. D. Myrick - Roger D. Myrick 3/27/06 352-447-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #