

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099867

Entity Name: RIVER CITY LASERS, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

5232 SHARON TERRACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5232 SHARON TERRACE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 51-0425648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOPF, AMY
5232 SHARON TERRACE
JACKSONVILLE, FL 32207 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: DP () Delete
Name: KNOPF, AMY
Address: 5232 SHARON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: KNOPF, EDWARD L III
Address: 11609 SUMMER TREE DR. N.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: AMY F. KNOPF

DP

04/29/2007

Electronic Signature of Signing Officer or Director

Date