

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000099867

Entity Name: RIVER CITY LASERS, INC.

**FILED**  
**Apr 30, 2010**  
**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  
Name: KNOPF, AMY  
Address: 5232 SHARON TERRACE  
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby 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 all other like empowered.

SIGNATURE: AMY F KNOPF

DP

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date