2004 FOR PROFIT CORPORATION

Feb 19, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000129359** 02-19-2004 90024 043 ***150.00 RIVER CITY INVESTIGATIONS, INC. Principal Place of Business Mailing Address 94017976 BLACKSTONE BUILDING BLACKSTONE BUILDING 233 EAST BAY STREET, SUITE 1020 233 EAST BAY STREET, SUITE 1020 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chq-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 06-1663952 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SELINGER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) **BLACKSTONE BUILDING** 233 EAST BAY STREET, SUITE 1020 JACKSONVILLE, FL 32202 Zip Code 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. ္မွားေလး၊ မာ ဲလ SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees ... After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. % TITLE V TITLE Delete NAME -SELINGER, RICHARD A NAME 233 EAST BAY STREET, SUITE 1020 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 32202 Addition ☐ Delete TITLE TITLE FLETCHER CHÁRLES EAST BAY STREET, SUITE 1020 NAME NAME STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE NAME ~ NAME. STREET ADDRESS STREET ADDRESS CLTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME.

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED