

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000129359**

1. Entity Name  
**RIVER CITY INVESTIGATIONS, INC.**



Principal Place of Business

**BLACKSTONE BUILDING  
233 EAST BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202**

Mailing Address

**BLACKSTONE BUILDING  
233 EAST BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202**



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **06-1663952** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELINGER, RICHARD A  
BLACKSTONE BUILDING  
233 EAST BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202**

**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

**000000527052  
05/04/06-80098-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P/D**  
NAME **SELINGER, RICHARD A**  
STREET ADDRESS **233 EAST BAY STREET STE 1027**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **VSTD**  
NAME **FLETCHER, W. CHARLES**  
STREET ADDRESS **233 EAST BAY STREET, STE 1027**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D**  
NAME **TAYLOR, DAVID A**  
STREET ADDRESS **233 EAST BAY STREET, STE 1027**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-06 (904)598-0900**

Date

Daytime Phone #