

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90011 005 \*\*\*150.00

**DOCUMENT # P02000132533**

1. Entity Name

RIVERCITY PAVER CREATIONS, INC.



Principal Place of Business

600 ST JOHN'S BLUFF RD NORTH  
JACKSONVILLE, FL 32225

Mailing Address

600 ST JOHN'S BLUFF RD NORTH  
JACKSONVILLE, FL 32225

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number

42-1560209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARKSON, JOHN S  
600 ST JOHN'S BLUFF RD NORTH  
JACKSONVILLE, FL 32225

**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]*  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARKSON, JOHN
STREET ADDRESS	600 ST JOHN'S BLUFF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	JIMENEZ, MIGUAL
STREET ADDRESS	600 ST JOHN BLUFF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	S
NAME	CLARKSON, JORDAN
STREET ADDRESS	600 ST JOHN BLUFF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #