

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90128 044 ***150.00

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03022006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000000174					
1. Entity Name RIVER CITY DELIVERY, INC.					
Principal Place of Business 1460 BIRMINGHAM RD S JACKSONVILLE, FL 32207 US			Mailing Address 1460 BIRMINGHAM RD S JACKSONVILLE, FL 32207 US		
2. Principal Place of Business 5000 Verdis Street		3. Mailing Address 5000 Verdis Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, Florida		City & State Jacksonville, Florida		4. FEI Number 71-0923055	
Zip 32258		Country Duval		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KELLISON, LEE G 12276 SAN JOSE BLVD SUITE 126 JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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.					
SIGNATURE _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TENBROECK, S. MICHAEL 1460 BIRMINGHAM RD S JACKSONVILLE, FL 32207		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5000 VERDIS ST JACKSONVILLE, FL 32258		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>S. Michael Tenbroeck</u> 3/14/06 (904) 591-4127					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					