

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P03000026958					
1. Entity Name RIVERCITY LOGISTICS, INC.					
Principal Place of Business 546 COUNTY ROAD 207A EAST PALATKA, FL 32131			Mailing Address 546 COUNTY ROAD 207A EAST PALATKA, FL 32131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2103473	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANE, ELLIOTT 546 COUNTY ROAD 207A EAST PALATKA, FL 32131			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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME WHITAKER, HOWARD		TITLE	NAME	
STREET ADDRESS 546 COUNTY ROAD 207A	CITY-ST-ZIP EAST PALATKA, FL 32131		STREET ADDRESS	CITY-ST-ZIP	
TITLE VPD	NAME KANE, ELLIOTT		TITLE	NAME	
STREET ADDRESS 546 COUNTY ROAD 207A	CITY-ST-ZIP EAST PALATKA, FL 32131		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME SCHNIEKERT, HAROLD		TITLE	NAME	
STREET ADDRESS 724 GREENHILL AVE	CITY-ST-ZIP WILMINGTON, DE 19805		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME TOLAND, DONALD J		TITLE	NAME	
STREET ADDRESS 508 WHITEHALL BLVD	CITY-ST-ZIP PEACHTREE CITY, GA 30269		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME LANGBERG, NORMAN J		TITLE	NAME	
STREET ADDRESS 275 THIRTEENTH N.E., APT 811	CITY-ST-ZIP ATLANTA, GA 30309		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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>Elliott Kane</u>			3/22/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
386-546-6250			Daytime Phone #		