

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065152

FILED
Apr 17, 2009
Secretary of State

Entity Name: SONIC AT RIVER CROSSING, INC.

Current Principal Place of Business:

5214 LITTLE RD.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 57-1178332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GARY L
9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOODMAN, SAM
Address: 731 WASHINGTON AVE.
City-St-Zip: GREENVILLE, MS 38701

Title: D () Delete
Name: HART, THOMAS
Address: 731 WASHINGTON AVE.
City-St-Zip: GREENVILLE, MS 38701

Title: P/T () Delete
Name: HART, THOMAS
Address: 731 WASHINGTON AVE.
City-St-Zip: GREENVILLE, MS 38701

Title: VP/S () Delete
Name: GOODMAN, SAM
Address: 731 WASHINGTON AVE.
City-St-Zip: GREENVILLE, MS 38701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HART

P/T

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date