

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000123213

1. Entity Name
RIVER CITY EXTERIORS INC.



Principal Place of Business
2915 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32246

Mailing Address
2915 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32246



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0744722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLIER, MICHAEL W
2915 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32246

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000309115
04/16/05-80024-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLIER, MICHAEL W
STREET ADDRESS	11110 ATLANTIC BOULEVARD, #102
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	
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 exemption stated in Section 119.07(3)(i), 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:

Michael W. Collier
MICHAEL W. COLLIER

4-7-05

904-608-9268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #