

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013854

Entity Name: RIVER CITY CUSTOMS INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

300 E. STATE STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

300 E. STATE STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0677956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WINSTON
5850 ELLAKEL ROAD
JACKSONVILLE, FL 32208 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: PD () Delete
Name: THOMPSON, WINSTON
Address: 5850 ELLAKEL ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VPD () Delete
Name: FULLER, JOSHUA
Address: 8138 PARKRIDGE CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WINSTON THOMPSON

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date