

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030996

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: RIVERCITY APPRAISAL SERVICES INC.

## Current Principal Place of Business:

2302 MITCHELL PL  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

## Current Mailing Address:

2302 MITCHELL PL  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

FEI Number: 20-1032843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTSON, HILL  
5330 DELLA ROBBIA WAY  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

PRICE, DONALD L  
10285 NORMANWOOD CT  
JACKSONVILLE, FL 32221 US

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: DONALD L PRICE

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBERTSON, HILL  
Address: 5330 DELLA ROBBIA WAY  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete  
Name: PRICE, DONALD L  
Address: 10285 NORMANWOOD CT  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: T ( ) Delete  
Name: ROBERTSON, SUSAN  
Address: 5330 DELLA ROBBIA WAY  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC ( ) Delete  
Name: PRICE, DONALD L  
Address: 10285 NORMANWOOD CT  
City-St-Zip: JACKSONVILLE, FL 32221 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: PRICE, DONALD L  
Address: 10285 NORMANWOOD CT  
City-St-Zip: JACKSONVILLE, FL 32221 US

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: DONALD L PRICE

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date