

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050602

1. Entity Name  
RIVER CITY SALES, INCORPORATED



Principal Place of Business  
4250 HWY AVE, STE 1  
JACKSONVILLE, FL 32254

Mailing Address  
4250 HWY AVE, STE 1  
JACKSONVILLE, FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0710619

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETROS, LISA M  
4250 HWY AVE, STE 1  
JACKSONVILLE, FL 32254

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BETROS, LISA M  
4250 HWY AVE, STE 1  
JACKSONVILLE, FL 32254 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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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:

*Lisa Betros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 JUL 15 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

03/14/05 90103 040 1500



**River City Sales, Inc.  
4250 Highway Avenue, Suite 1  
Jacksonville, FL 32254**

July 11, 2005

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual Report  
River City Sales, Incorporated  
Document #P04000050602

To Whom It May Concern:

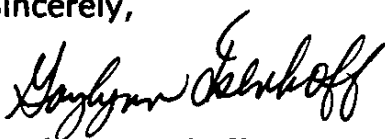
I am writing this letter per your instructions of our telephone conversation on July 8, 2005. We received a "Notice of Intent to Dissolve" River City Sales, Incorporated. I was informed that a letter had been mailed out regarding a problem with our FEI number. We never received that letter.

I was instructed to include our FEI number, which is 20-0710619 in a letter. Please let me know if there are any other problems.

We respectfully request that you waive the \$400.00 late fee. Our annual report was mailed timely with a payment of \$150.00 and was received by your office in March 2005.

Please call me at 904-693-0788 if you have additional questions.  
Thank you.

Sincerely,

  
Gaylynn Isenhoff  
Controller