

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 032 ***150.00

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1. Entity Name

RIVER CITY GOTTAGO, INC.



Principal Place of Business

130 DINKLA LANE
PALATKA F 32177

Mailing Address

130 DINKLA LANE
PALATKA F 32177



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-1967906

Applied For

Not Applicable

5. 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

BACON, KAN DEE H
130 DINKLA LANE
PALATKA FL 32177

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 U.S. Representative.

(NOTE: Registered Agent signature required when not submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	BACON, KAN DEE H	
STREET ADDRESS	P.O. BOX 8041	
CITY-STATE-ZIP	PALATKA FL 32178	
TITLE	VP	☐ Delete
NAME	BACON, GARY A	
STREET ADDRESS	P.O. BOX 8041	
CITY-STATE-ZIP	PALATKA FL 32178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	Kandee H. Bacon	
STREET ADDRESS	P.O. Box 2741	
CITY-STATE-ZIP	Palatka FL 32178	
TITLE	VP	☐ Change ☐ Addition
NAME	Gary A. Bacon	
STREET ADDRESS	P.O. Box 2741	
CITY-STATE-ZIP	Palatka, FL 32178	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Kandee H. Bacon

Kandee H Bacon

1/28/08 (386)328-6454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Disclose Page #