2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000006095

1. Entity Name
RIVER CITY WOOD WORKS, INC.

Principal Place of Business	Mailing Address
8538 PINEVERDE LN JACKSONVILLE, FL 32244	8538 PINEVERDE LN JACKSONVILLE, FL 32244

DO NOT WRITE IN THIS SPACE

02262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4135208	Not Applicable

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

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6. Name and Address of Current Registered Agent

SILVERMAN, JONATHAN
8538 PINE VERDE LN
JACKSONVILLE, FL 32244

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SILVERMAN, JONATHAN
STREET ADDRESS	8538 PINEVERDE LN
CITY-ST-ZIP	JACKSONVILLE, FL 32244

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/14/8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #