

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000015102

Entity Name: RIVER CITY BEADS, INC.

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1615 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

1615 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 20-8376802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROOKS, J. WILLIAM  
1615 UNIVERSITY BLVD W.  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

ROOKS, J WILLIAM  
1615 UNIVERSITY BLVD W.  
JACKSONVILLE, FL 32217 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: J. WILLIAM ROOKS

04/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROOKS, JEUDE B  
Address: 1853 CHRISTOPHER POINT RD S  
City-St-Zip: JACKSONVILLE, FL 32217

Title: ST  
Name: ROOKS, J WILLIAM  
Address: 1853 CHRISTOPHER POINT RD S  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: J WILLIAM ROOKS

TREA

04/04/2012

Electronic Signature of Signing Officer or Director

Date