

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062302

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** RIVER CITY MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50886  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 26-1362977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, SHARLEEN  
7600 ARLINGTON EXPESSEWAY  
JACKSONVILLE, FL 32211 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: THOMPSON, SHARLEEN  
Address: P.O. BOX 50886  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: P ( ) Delete  
Name: CARMACK, DAVID  
Address: P.O. BOX 50886  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THOMPSON, SHARLEEN  
Address: P.O. BOX 50886  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VP (X) Change ( ) Addition  
Name: CARMACK, DAVID  
Address: P.O. BOX 50886  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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: STHOMPSON

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date