

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2011
Secretary of State

Entity Name: RIVER CITY MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1639 BEACH BLVD.
JACKSONVILLE, FL 32250

New Principal Place of Business:

1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250

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
1639 BEACH BLVD.
JACKSONVILLE, FL 32250 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

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: HARRISON, KATHERINE
Address: P. O. BOX 50886
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: V
Name: WRIGHT, CINDY
Address: P. O. BOX 50886
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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: STHOMPSON

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date