

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062302

FILED  
May 01, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250

**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  
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

RA

05/01/2012

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

\_\_\_\_\_  
Date