

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000082565

1. Entity Name
RIVER CITY GENERAL CONTRACTORS OF PALM
COAST INC.



FILED

08 AUG 11 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12058 SAN JOSE BLVD.
SUITE 804
JACKSONVILLE, FL 32223

Mailing Address
12058 SAN JOSE BLVD.
SUITE 804
JACKSONVILLE, FL 32223



08052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
26-0563562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTERS, TIMOTHY D
2133 HILLTOP BLVD.
JACKSONVILLE, FL 32246

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR Is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRANIFF, MICHAEL L
12058 SAN JOSE BLVD., SUITE 804
JACKSONVILLE, FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000134457620
08/14/08--01007--019 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RICHMOND, ROBERT W II
12058 SAN JOSE BLVD., STE. 804
JACKSONVILLE, FL 32223 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Braniff, Pres.

Date

Daytime Phone #

8/6/08 904-260-9009