## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000039829

Entity Name: RIVER CITY IT SOLUTIONS, INC.

**FILED** Sep 15, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2895 BRIARPATCH PLACE 1966 VISTA LAKES DRIVE

GREEN COVE SPRINGS, FL 32043 US FLEMING ISLAND, FL 32003 US

**Current Mailing Address: New Mailing Address:** 

2895 BRIARPATCH PLACE 1966 VISTA LAKES DRIVE

GREEN COVE SPRINGS, FL 32043 US FLEMING ISLAND, FL 32003 US

FEI Number: 27-0148534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANDERSON, TERRENCE L ANDERSON, TERRENCE L 2895 BRIARPATCH PLACE 1966 VISTA LAKES DRIVE

GREEN COVE SPRINGS, FL 32043 US FLEMING ISLAND, FL 32003 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: TERRENCE L. ANDERSON 09/15/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

ANDERSON, TERRENCE L Name: 1966 VISTA LAKES DRIVE Address: City-St-Zip: FLEMING ISLAND, FL 32003 US

Title:

Name: ANDERSON, SHERRY B 1966 VISTA LAKES DRIVE Address: FLEMING ISLAND, FL 32003 US City-St-Zip:

Title: DIRE

ANDERSON, SHERRY B Name: 1966 VISTA LAKES DRIVE Address: City-St-Zip: FLEMING ISLAND, FL 32003 US

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.

Ρ SIGNATURE: TERRENCE L. ANDERSON 09/15/2011