


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90027 035 \*\*\*150.00

<b>DOCUMENT # P95000004031</b>		
1. Entity Name RIVER CITY PRINTING, INC.		

Principal Place of Business PO BOX 5603 JACKSONVILLE, FL 32247-5603 US	Mailing Address PO BOX 5603 JACKSONVILLE, FL 32247-5603 US
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2. Principal Place of Business 4401 Emerson St Suite, Apt. #, etc. Suite 11	3. Mailing Address Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State
Zip 32207	Country USA



02012005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3288338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLK, DENNIS W. JR. 3516 PINE STREET JACKSONVILLE, FL 32205	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13036 Sir Rogers Ct South City JACKSONVILLE FL Zip Code 32224	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS POLK, DENNIS W JR 3516 PINE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS POLK, DENNIS W JR 13036 Sir Rogers Ct South JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY, DAVID W. 3516 PINE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY, DAVID W 13036 Sir Rogers Ct South JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

**SIGNATURE:** *David W. Henry* **DAVID W. Henry** *2/8/05* *984 398-1000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #