2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000014722

1. Entity Name

RIVERTOWN PROPERTIES, INC.



FILED Apr 14, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4114 HERSCHEL ST., STE. 100 JACKSONVILLE, FL 32210

4114 HERSCHEL ST., STE. 100 JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3498721

I om Turkage Jr. 4/11/06

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TURNAGE, TOM 4114 HERSCHEL STREET JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

| JACKSONVILLE, FL 32210 | | | IN THIS SPACE | | |
|--|--|--|------------------------|----------------------------|--|
| 8. The above the obligat | named entity submits this statement for the plans of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or both | n, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | Il applicable. (NOTE: Regissered | Aஓ ரை விழாவிகள் | required when reinstating) | DATE |
| File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME SUPELY ADDRESS CITY-ST-ZIP | D TURNAGE, TOM 4114 HERSCHEL ST., STE. 100 JACKSONVILLE, FL 32210 / | · | | | 000000508136 04/27/06-80091-005 150.00 |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | | | 3 1 4 1 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | | , | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | • | · |
| 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 all other like empowered. | | | | | |