## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 17, 2004 8:00 am Secretary of State DOCUMENT # P99000041592 03-17-2004 90049 001 \*\*\*300.00 RIVER CITY SALVAGE & BROKERAGE, INC. Principal Place of Business Mailing Address 66406352 720 BLACKSTONE BLDG. 720 BLACKSTONE BLDG. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3575466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROLFE, LAWRENCE C DO NOT WRITE 720 BLACKSTONE BLDG. JACKSONVILLE, FL 32202 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROLFE, LAWRENCE C NAME STREET ADDRESS 720 BLACKSTONE BLDG. CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 of trustee employeed 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 will ress, with all other like empowered. LAWRENCE C. POLFE SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED