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Secretary of State

03-19-2004 90050 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000053024

1. Entity Name
RIVER CITY LEASING INCORPORATED



Principal Place of Business
**4446 1A HENDRICKS AVE.
STE 255
JACKSONVILLE, FL 32207**

Mailing Address
**4446 1A HENDRICKS AVE.
STE 255
JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3584753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRCHER, SALLY J ESQ.
1 INDEPENDENT DR., STE. 3303
JACKSONVILLE, FL 32202-5027**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINES, ALBERT
STREET ADDRESS	7728 WHITE WILLOW CT.
CITY-STATE-ZIP	SPRINGFIELD, VA 22153
TITLE	ST
NAME	POWELL, MARGARET M
STREET ADDRESS	3965 GADSDEN ROAD
CITY-STATE-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	STITES, DOUGLAS
STREET ADDRESS	7512 EPSILM DRIVE
CITY-STATE-ZIP	GAITHERSBURG, MD 20878
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #