


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # 203388	
1. Entity Name RIVERS BUS SALES, INC.	

Principal Place of Business 10626 GENERAL AVE JACKSONVILLE FL 32220	Mailing Address 10626 GENERAL AVE JACKSONVILLE FL 32220
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E034 (10/07)

Zip	Country	Zip	Country
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4. FEI Number 59-0815577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHAFFER, LAWRENCE H 9002 CAMSHIRE DR JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!!; FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	SCHAFFER, LAWRENCE H	
STREET ADDRESS	9002 CAMSHIRE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	<input type="checkbox"/>
NAME	SEARCY, ERNEST J	
STREET ADDRESS	10728 FALL CREEK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	S	<input type="checkbox"/>
NAME	CRAIG, JENNIFER M	
STREET ADDRESS	10623 GRAYSON CT	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	U00000834274		
CITY-ST-ZIP	02/28/08-80046-024 150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Lawrence H Schaffer* **2-8-08** **904-783-0313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Hour #