2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 203388

Address:

City-St-Zip:

FILED Apr 01, 2009 Secretary of State

Entity Name: RIVERS BUS SALES, INC. **Current Principal Place of Business: New Principal Place of Business:** 10626 GENERAL AVE JACKSONVILLE, FL 32220 **Current Mailing Address: New Mailing Address:** 10626 GENERAL AVE JACKSONVILLE, FL 32220 FEI Number: 59-0815577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHAFFER, LAWRENCE H 9002 CAMSHIRE DR JACKSONVILLE, FL 32244 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHAFFER, LAWRENCE H Name: Name: 9002 CAMSHIRE DR. Address: Address: JACKSONVILLE, FL 32244 City-St-Zip: City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SEARCY, ERNEST J Name: 10728 FALL CREEK DR Address: Address: JACKSONVILLE, FL 32222 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CRAIG, JENNIFER M Name: Name: 10623 GRAYSON CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: Title: () Delete Title: () Change (X) Addition MCCULLOUGH, MICHAEL E Name: Name: Address: Address: 10650 GRAYSON ST City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32220 Title: Title: () Change (X) Addition () Delete RASHAW, CRAIG S Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1738 DUPREE DR

JACKSONVILLE, FL 32221

SIGNATURE: JENNIFER CRAIG SEC 04/01/2009