


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # J38819 1. Entity Name RIVERSIDE FINANCIAL SERVICES, INC.	
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Principal Place of Business 43309 US HWY 19 N TARPON SPGS., FL 34689 US	Mailing Address P O BOX 1608 TARPON SPGS., FL 34688-1608 US
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2728356	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, LEWIS
 43309 US HWY 19 N
 TARPON SPRINGS, FL 34689

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

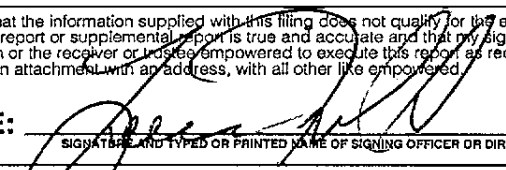
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROGERS, SAMUEL JR 1117 THOMASVILLE RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRIEDLAND, LEWIS 43309 US HWY 19 N TARPON SPGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PHILLIPS, KAY 1117 THOMASVILLE RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD FORD, DAVID 43309 US HIGHWAY 19 N TARPON SPGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/09/04-80029-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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:  LEW FRIEDLAND 2/4/04 727-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #