


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J38819
 1. Entity Name
RIVERSIDE FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
43309 US HWY 19 N **P O BOX 1608**
TARPON SPGS., FL 34689 US **TARPON SPGS., FL 34688-1608 US**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2728356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRIEDLAND, LEWIS
43309 US HWY 19 N
TARPON SPRINGS, FL 34689

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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, 2006 Fee will be \$550.00

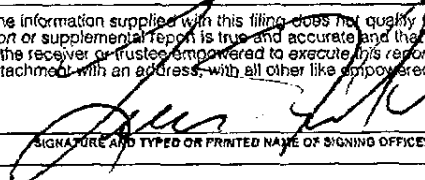
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000412344
 02/10/06-80044-005 150.00

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** Date: **1/10/06** Daytime Phone #: **(727) 942-2591**