


2007-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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

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



01052007 No Chg-P CR2E034 (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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

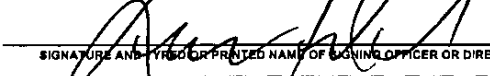
U00000598030
 01/24/07-80061-004 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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** 1-11-07 727-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #