


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90026 007 \*\*\*150.00

**DOCUMENT # P00000038235**

1. Entity Name  
**RIVERSIDE MARINE, INC.**



Principal Place of Business: 2305 N. WILLOW AVE. TAMPA, FL 33607

Mailing Address: 2305 N. WILLOW AVE. TAMPA, FL 33607

**44049194**

2. Principal Place of Business: **8100 N. FLA. AVE.**


3. Mailing Address: **8100 N. FLA. AVE.**

Suite, Apt. #, etc.

City & State: **TAMPA, FL**

City & State: **TAMPA, FL**

Zip: **33604** Country



07082004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3641501** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8:75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAHUSKY, CHRISTOPHER**  
 2305 N. WILLOW AVE.  
 TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): **8100 N. FLA. AVE.**

City: **TAMPA** State: **FL** Zip Code: **33604**

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 re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: LAHUSKY, CHRISTOPHER	
STREET ADDRESS: 2305 N. WILLOW AVE.	
CITY-ST-ZIP: TAMPA, FL 33607	
TITLE: ST	<input type="checkbox"/> Delete
NAME: MATHERS, ANDREW	
STREET ADDRESS: 906 E. DIANA STREET	
CITY-ST-ZIP: TAMPA, FL 33604	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 8100 N. FLA. AVE.	
CITY-ST-ZIP: TAMPA, FL 33604	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **7/14/04** 832547630

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