2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000012172

 Entity Name RIVERSIDE BUILDERS OF BREVARD, INC.

FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

1290 HIGHWY A1A

SUITE 205

SATELLITE BEACH, FL 32937



Malling Address

1290 HIGHWY ATA SUITE 205

SATELLITE BEACH, FL 32937



DO NOT WRITE IN THIS SPACE

03172006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3232111 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, ROBERT L 1290 HIGHWAY A1A SUITE 205 SATELLITE BEACH FL 32

DO NOT WRITE IN THIS SPACE

SATELLITE BEACH, FL 32937				IN THIS SPACE				
	e named entity submits this statement for the patterns of registered agent.	urpose of changing its register	ed office or	registered agent, or b	oth, in the State of	Florida. I am familia	r with, and accept	
arateA (One.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE, Regletere	d Agent signatur	required when reinstating)	:	DATE		
FILE NOWILL FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	:			
10.	OFFICERS AND DIRECT	TORS	1		<u>4-,</u>			
TYTLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PERRY, ROBERT L 200 ALLAN LANE MELBOURNE BEACH, FL 32951							
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, LESTER T 154 CRESCENT BEACH DR. APT. #2 COCOA BEACH, FL 32931				0000 05/02/0	00518264 6-80003 -0 19	3 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					

12. I hereby certify that the information supplied with this filling 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 oalh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 14 06 351 777 666