

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90056 041 ***150.00

DOCUMENT # S27287
 1. Entity Name
 RIVERSIDE BANQUE PREMISES CORPORATION



Principal Place of Business
 2211 OKEECHOBEE ROAD
 FORT PIERCE, FL 34950-6552

Mailing Address
 ATTN: ACCOUNTING
 2810 S. U.S. 1
 FORT PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0266651

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 POLACKWICH, ALAN S. SR.
 4100-20TH ST
 VERO BEACH, FL 32960

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, VERNON D. 2211 OKEECHOBEE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, TIM E 2211 OKEECHOBEE RD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROBBINS, CINDY M 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Tim E. Brown Tim E. Brown 2/7/2006 772 466 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #