

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J38819

**Entity Name:** RIVERSIDE FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

43309 US HIGHWAY 19 N  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

P O BOX 1608  
TARPON SPRINGS, FL 34688-1608 US

**FEI Number:** 59-2728356

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRIEDLAND, LEW  
43309 US HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title V  
Name ROGERS, SAMUEL JR  
Address 1117 THOMASVILLE RD  
City-State-Zip: TALLAHASSEE FL 32303

Title DP  
Name FRIEDLAND, LEW  
Address 43309 US HIGHWAY 19 N  
City-State-Zip: TARPON SPRINGS FL 34689

Title V  
Name PHILLIPS, KAY  
Address 1117 THOMASVILLE RD  
City-State-Zip: TALLAHASSEE FL 32303

Title VSTD  
Name BROM, CECILIA  
Address 43309 US HIGHWAY 19 N  
City-State-Zip: TARPON SPRINGS FL 34689

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEW FRIEDLAND

PD

03/21/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date