

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 216150**

1. Entity Name  
**RIVIERA BEACH BUILDERS INC**



Principal Place of Business

**600 U.S. #1  
LAKE PARK, FL 33403**

Mailing Address

**C/O DOROTHY M. PROTTEG  
5380 NO. OCEAN DRIVE # 161  
RIVIERA BEACH, FL 33404**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1154006**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PROTTING, D M  
5380 NO. OCEAN DRIVE  
161  
RIVIERA BEACH, FL 33404**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	PROTTING, D. M.
STREET ADDRESS	5380 NO. OCEAN DRIVE # 16-1
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	MCDUGALL, LINDA C
STREET ADDRESS	101 LOST BRIDGE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	HARMON, E.
STREET ADDRESS	800 US #1
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80046-016 150.00

**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:** *Dorothy M. Protting*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-16-06* (561) 848-4159  
Date Daytime Phone #