

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90071 011 \*\*\*150.00

**DOCUMENT # 404755**



1. Entity Name

RIVIERA GENERATOR SERVICE, INC.

Principal Place of Business

330 - 10TH STREET  
LAKE PARK FL 33403

Mailing Address

330 - 10TH STREET  
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1417349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEAGER, THOMAS J  
1645 PALM BEACH BLVD., STE. 1200  
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HOLL, MAXINE T  
STREET ADDRESS 401 LAKE SHORE DR #701  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE SD ☐ Delete  
NAME HOLL, WILLIAM HENRY  
STREET ADDRESS 401 LAKE SHORE DR #701  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE T ☐ Delete  
NAME HOLL, WILLIAM HENRY  
STREET ADDRESS 401 LAKE SHORE DR #701  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ~~D~~ ☐ Delete  
NAME ~~RAWLINS, ROBERT L.~~  
STREET ADDRESS ~~6553 KATHRINE CT.~~  
CITY-ST-ZIP ~~WEST PALM BEACH, FL 33415~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~D~~ ☐ Change ☒ Addition  
NAME ~~RAWLINS, ROBERT L.~~  
STREET ADDRESS ~~6553 KATHRINE CT.~~  
CITY-ST-ZIP ~~WEST PALM BEACH, FL 33415~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: WILLIAM H. HOLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/06 561 845 6665