


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 480938</b> 1. Entity Name <b>RIVERSIDE CAMERA, INC.</b>	
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Principal Place of Business <b>1251 KING STREET JACKSONVILLE, FL 32204</b>	Mailing Address <b>1251 KING STREET JACKSONVILLE, FL 32204</b>
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1605963</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SIMMONS, ERNEST A 3305 DOCTORS LAKE DR. ORANGE PARK, FL 32065</b>
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**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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000112590**  
**04/14/04-80028-025 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SIMMONS, ERNEST A 3305 DOCTORS LAKE DR. ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMMONS, MARY NELL 3305 DOCTORS LAKE DR. ORANGE PARK, FL 32065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Mary Nell Simmons* **04/09/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #