
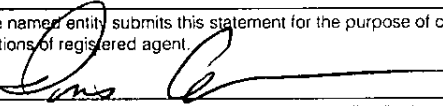



# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 621625</b> 1. Entity Name <b>RIVERSIDE MARINA, INC.</b>						<b>FILED</b>  07 JUN 29 AM 7:54  TREASURY CLERK TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2350 OLD DIXIE HWY FT PIERCE, FL 34946-1411</b>				Mailing Address <b>2350 OLD DIXIE HWY FT PIERCE, FL 34946-1411</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country				4. FEI Number <b>59-1952010</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For: <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>BEWERSDORF, SUSAN 5775 17TH ST SW VERO BEACH, FL 32968</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Iris Concannon</b> Street Address (P.O. Box Number is Not Acceptable) <b>13450 Williams Rd.</b> City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34987</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6/27/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GOOCH, DAN J</b> <b>5600 17TH ST SW</b> <b>VERO BEACH, FL 32968</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200106257862</b> <b>07/17/07--01018--004 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CONCANNON, GERALD J.</b> <b>13450 WILLIAMS RD</b> <b>PORT ST LUCIE, FL 34987</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP/DIC</b> <b>Concannon, Gerald J.</b> <b>13450 Williams Rd.</b> <b>Port St. Lucie, FL 34987</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>CONCANNON, TIMOTHY G</b> <b>252 BERMUDA BCH DR</b> <b>FT PIERCE, FL 24949</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T/D</b> <b>Concannon, Timothy G.</b> <b>252 Bermuda Bch Dr.</b> <b>Ft. Pierce, FL 34949</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GOOCH, SALLY</b> <b>5600 17TH STREET S.W.</b> <b>VERO BEACH, FL 32968</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/D</b> <b>Gooch, Sally</b> <b>5600 17th Street SW</b> <b>Ver0 Beach, FL 32968</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>6/27/07</b> Daytime Phone # <b>772-201-7237</b>			