

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004483

FILED
Mar 20, 2009
Secretary of State

Entity Name: RIVERSIDE MANUFACTURING COMPANY

Current Principal Place of Business:

301 RIVERSIDE DRIVE
MOULTRIE, GA 31768

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 460
MOULTRIE, GA 317760460

New Mailing Address:

FEI Number: 58-0404500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: VEREEN, WILLIAM J
Address: 21 DOGWOOD DRIVE
City-St-Zip: MOULTRIE, GA 31768

Title: VD () Delete
Name: VEREEN, HARVEY B
Address: 2099 GA. HIGHWAY 37 EAST
City-St-Zip: MOULTRIE, GA 31768

Title: VD () Delete
Name: VEREEN, BARBARA B
Address: 1146 SOUTH MAIN STREET
City-St-Zip: MOULTRIE, GA 31768

Title: VD () Delete
Name: VEREEN, WILLIAM C
Address: 114 STRATFORD WAY
City-St-Zip: THOMASVILLE, GA 31792

Title: VDS () Delete
Name: KING, CHARLES J
Address: 122 FLINT DRIVE
City-St-Zip: MOULTRIE, GA 31788

Title: VT () Delete
Name: TUCKER, WILLIAM N
Address: 25 WIREGRASS CIRCLE
City-St-Zip: MOULTRIE, GA 31768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES J. KING

VDS

03/20/2009

Electronic Signature of Signing Officer or Director

Date