## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000029889

City-St-Zip:

ROCKLEDGE, FL 32955

FILED Jan 23, 2009 Secretary of State

Entity Na	me: TWENT	Y-ONE RIVERSIDE DRIVE, II	NC.			
Current Principal Place of Business:				New Principal Place of Business:		
1795 COGSWELL STREET ROCKLEDGE, FL 32955				1171 INDIAN RIVER DR COCOA, FL 32922		
Current Mailing Address:				New Mailing Address:		
1795 COGSWELL STREET ROCKLEDGE, FL 32955				1171 INDIAN RIVER DR COCOA, FL 32922		
FEI Number	: 59-3634966	FEI Number Applied For()	FEI Number Not A	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MOLITOR, DONALD N 1795 COGSWELL ST ROCKLEDGE, FL 32955 US				MOLITOR, DONALD N 1171 INDIAN RIVER DR COCOA, FL 32922 US		
The above in the State	e named entity e of Florida.	submits this statement for the	e purpose of changir	ng its register	red office or registered agent, or both,	
SIGNATURE: DONALD N MOLITOR				01/23/2009		
	Electro	onic Signature of Registered A	gent		Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOLITOR, D	N RIVER DRIVE	Title: Name: Address: City-St-Zi	<b>p</b> :	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MOLITOR, JU	N RIVER DRIVE	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name:	D ( MOLITOR, SO 1795 COGSV		Title: Name: Address:	D MOLITOR	(X) Change ( ) Addition , SCOTT AN RIVER OR	

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.

City-St-Zip: COCOA, FL 32922

SIGNATURE: DONALD N MOLITOR D 01/23/2009