2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000038235

1. Entity Name
RIVERSIDE MARINE, INC.

Principal Place of Business	Mailing Address
8100 N FLA AVE TAMPA, FL 33604	8100 N FLA AVE TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

04162008   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3641501

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAHUSKY, CHRISTOPHER
8100 N FLA AVE
TAMPA, FL 33604

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000926581 05/20/08-80072-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAHUSKY, CHRISTOPHER
STREET ADDRESS	8100 N FLA AVE
CITY-ST-ZIP	TAMPA, FL 33604

TITLE	ST
NAME	MATHERS, ANDREW
STREET ADDRESS	906 E. DIANA STREET
CITY-ST-ZIP	TAMPA, FL 33604

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ CHRIS LAHUSKY   4/24/08   813 254 7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #