


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90577 044 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                  |                                                                                                               |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000013854</b><br>1. Entity Name<br><b>RIVERSIDE CONSTRUCTION OF JUPITER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                  |                                                                                                               |         |  |
| Principal Place of Business<br><b>383 W RIVERSIDE DR<br/>JUPITER, FL 33469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                  | Mailing Address<br><b>383 W RIVERSIDE DR<br/>JUPITER, FL 33469</b>                                            |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 3. Mailing Address                                                               |                                                                                                               |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Suite, Apt. #, etc.                                                              |                                                                                                               |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | City & State                                                                     |                                                                                                               |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                           | Zip                                                                              | Country                                                                                                       |                                                                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                  | 7. Name and Address of New Registered Agent                                                                   |                                                                                          |  |
| <b>MEUMANN, CRAIG<br/>383 W RIVERSIDE DR<br/>JUPITER, FL 33469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                  |                                                                                                               |                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                               | <b>\$5.00</b> May Be Added to Fees                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                         |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                                         | <b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MEUMANN, CRAIG</b>             |                                                                                  | NAME                                                                                                          |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>383 W RIVERSIDE DR</b>         |                                                                                  | STREET ADDRESS                                                                                                |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>JUPITER, FL 33469</b>          |                                                                                  | CITY-ST-ZIP                                                                                                   |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                  | TITLE                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                  | NAME                                                                                                          |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                  | STREET ADDRESS                                                                                                |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                  | CITY-ST-ZIP                                                                                                   |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                  | TITLE                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                  | NAME                                                                                                          |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                  | STREET ADDRESS                                                                                                |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                  | CITY-ST-ZIP                                                                                                   |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                  | TITLE                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                  | NAME                                                                                                          |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                  | STREET ADDRESS                                                                                                |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                  | CITY-ST-ZIP                                                                                                   |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                  | TITLE                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                  | NAME                                                                                                          |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                  | STREET ADDRESS                                                                                                |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                  | CITY-ST-ZIP                                                                                                   |                                                                                          |  |
| 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. |                                   |                                                                                  |                                                                                                               |                                                                                          |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                  | <b>4/18/05</b><br><small>Date Daytime Phone #</small>                                                         |                                                                                          |  |