2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000016692 02-20-2004 90012 045 ***150.00 RIVERSIDE DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 517B N. HARBOR CITY BLVD 517B N. HARBOR CITY BLVD 94018406 MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) Chg-P 4. FEI Number City & State City & State Applied For 02-0674354 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOEL S. MOSS, P.A. Street Address (P.O. Box Number is Not Acceptable) 47 W. NEW HAVEN AVENUE SUITE 200 MELBOURNE, FL 32901 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition NAME MCWILLIAMS, DAVID T NAME STREET ADDRESS 517B N. HARBOR CITY BLVD STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-7IP TITLE S/T ☐ Delete TITI F ☐ Change ☐ Addition NAME WAGNER, RICHARD L 115 E. NEW HAVEN AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 'य का ☐ Delete TITLE' ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZNP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition NAME MALEE STREET ADDRESS STREET ADDRESS 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. DAVIST, McWilliams 2/18/04 SIGNATURE:

FILED

Feb 20, 2004 8:00 am