

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000016692

1. Entity Name
RIVERSIDE DEVELOPMENT GROUP, INC.



Principal Place of Business
517B N. HARBOR CITY BLVD
MELBOURNE, FL 32935

Mailing Address
517B N. HARBOR CITY BLVD
MELBOURNE, FL 32935



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number
02-0674354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOEL S. MOSS, P.A.
47 W. NEW HAVEN AVENUE
SUITE 200
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000001456659
03/16/06-80039-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCWILLIAMS, DAVID T
STREET ADDRESS 517B N. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE S/T
NAME WAGNER, RICHARD L
STREET ADDRESS 115 E. NEW HAVEN AVENUE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. McWilliams

3/2/06

321-255-5156

Date

Daytime Phone #