2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000055590

1. Entity Name
RIVERSIDE HOUSING INC.

Principal Place of Business	Mailing Address
1018 ANTILLES AVENUE FT PIERCE, FL 34982	1018 ANTILLES AVENUE FT PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1190018	Not Applicable

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

6. Name and Address of Current Registered Agent

LAWSON, KERRY
1018 ANTILLES AVENUE
FT PIERCE, FL 34982

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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

U000000782311
01/15/08-80069-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWSON, KERRY
STREET ADDRESS	1018 ANTILLES AVENUE
CITY-ST-ZIP	FT PIERCE, FL 34982

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   1-10-2008   727-580-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

KERRY R LAWSON