


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90038 020 ***150.00

DOCUMENT # P04000014617					
1. Entity Name RIVERSIDE INVESTORS OF MOORE HAVEN, INC.					
Principal Place of Business 90 YEOMANS AVENUE P.O. BOX 490 LABELLE FL 33935			Mailing Address 90 YEOMANS AVENUE P.O. BOX 490 LABELLE FL 33935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33975	Country		Zip 33975	Country	
6. Name and Address of Current Registered Agent BOY, JOHN B JR. 90 YEOMANS AVENUE LABELLE FL 33975				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P/D <input type="checkbox"/> Delete				
NAME	BOY, JOHN B JR.				
STREET ADDRESS	90 YEOMANS AVENUE				
CITY-ST-ZIP	LABELLE FL 33975				
TITLE	ST/D <input type="checkbox"/> Delete				
NAME	MILLER, DAVID N				
STREET ADDRESS	P.O. BOX 1149				
CITY-ST-ZIP	LABELLE FL 33975				
TITLE	VP/D <input type="checkbox"/> Delete				
NAME	BRANCH, JOSEPH B				
STREET ADDRESS	P.O. BOX 430				
CITY-ST-ZIP	MOORE HAVEN FL 33471				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

20005681



1st MOORE CR2E034 (10/04)

4. FEI Number **20-0611059** Applied For ☐ Not Applicable

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

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.

SIGNATURE: **David N. Miller, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 863-675-3777
Date Daytime Phone #