

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014617	
1. Entity Name RIVERSIDE INVESTORS OF MOORE HAVEN, INC.	

Principal Place of Business 90 YEOMANS AVENUE P.O. BOX 490 LABELLE FL 33975	Mailing Address 90 YEOMANS AVENUE P.O. BOX 490 LABELLE FL 33975
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E034 (10/05)
4. FEI Number 20-0611921	Applied For ☐ Not Applied

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOY, JOHN B JR. 90 YEOMANS AVENUE LABELLE FL 33975

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 reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BOY, JOHN B JR. 90 YEOMANS AVENUE LABELLE FL 33975 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MILLER, DAVID N P.O. BOX 1149 LABELLE FL 33975 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/D BRANCH, JOSEPH B P.O. BOX 430 MOORE HAVEN FL 33471 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
U000000435196 02/25/06-80030-022 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

David N. Miller, President