2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# P06000119404

Entity Name: RIVERBEND MANAGEMENT SERVICES INC.

Current Principal Place of Business:

619 14TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

619 14TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 52-2374173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONVILLE, JOSEPH
619 14TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCONVILLE, JOSEPH M
Address: 619 14TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete
Name: MCCONVILLE, ADAM J
Address: 421 SKATE ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP ( ) Delete
Name: KOONTS, BRIAN
Address: 12931 WINTHROP COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: SEC ( ) Delete
Name: MCCONVILLE, MICHAEL P
Address: 118 12TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 322250

Title: TREA ( ) Delete
Name: MCCONVILLE, MICHAEL P
Address: 118 12TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOESEPH MCCONVILLE P 04/03/2007
Electronic Signature of Signing Officer or Director — Date