

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P06000119404

1. Entity Name

RIVERBEND MANAGEMENT SERVICES INC.



**FILED
Apr 23, 2008 8:00 am
Secretary of State**

04-23-2008 90038 004 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business Mailing Address
619 14TH AVENUE NORTH 619 14TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number	52-2374173	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC CONVILLE, JOSEPH
619 14TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME MC CONVILLE, JOSEPH M
STREET ADDRESS 619 14TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME MC CONVILLE, ADAM J
STREET ADDRESS 421 SKATE ROAD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME KOONTS, BRIAN
STREET ADDRESS 12931 WINTHROP COVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32224

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC Delete
NAME MC CONVILLE, MICHAEL P
STREET ADDRESS 118 12TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32225-0

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREA Delete
NAME MC CONVILLE, MICHAEL P
STREET ADDRESS 118 12TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/08 (904)626-1206
Daytime Phone #