

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000014274

Entity Name: RIVERSIDE INSURANCE, INC.

FILED
Jan 06, 2010
Secretary of State

Current Principal Place of Business:

2131 POST ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

8539 GATE PKWY W
113
JACKSONVILLE, FL 32216

Current Mailing Address:

2131 POST ST
JACKSONVILLE, FL 32204

New Mailing Address:

8539 GATE PKWY W
113
JACKSONVILLE, FL 32216

FEI Number: 26-4298728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVEN, LAWRENCE C
2131 POST ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CRAVEN, GUNILLA
8539 GATE PKWY W
113
JACKSONVILLE, FL 32216 US

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: GUNILLA CRAVEN

01/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CRAVEN, LAWRENCE C
Address: 8539 GATE PKWY W. #113
City-St-Zip: JACKSONVILLE, FL 32216

Title: V
Name: CRAVEN, GUNILLA
Address: 8539 GATE PKWY W. #113
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: GUNILLA CRAVEN

VP

01/06/2010

Electronic Signature of Signing Officer or Director

Date