


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000006795**


1. Entity Name  
THE RIVERSIDE OFFICE MANAGEMENT, INC.



Principal Place of Business  
24 SILVER PALM AVE.  
MELBOURNE, FL 32901

Mailing Address  
24 SILVER PALM AVE.  
MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3162386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TREFRY, SUSAN P  
24 SILVER PALM AVE.  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEFFER, CLAIRE KANTOR 24 SILVER PALM AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POCOSKI, MADELYN M 24 SILVER PALM AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREFRY, SUSAN P 24 SILVER PALM AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUM, MELISSA P 24 SILVER PALM AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABICH, CYNTHIA A 24 SILVER PALM AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000594666  
01/23/07-80007-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan P Trefry 1-18-07 321-728-1329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #