

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000006795

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE RIVERSIDE OFFICE MANAGEMENT, INC.

Current Principal Place of Business:

24 SILVER PALM AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

24 SILVER PALM AVE.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3162386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREFRY, SUSAN P
24 SILVER PALM AVE.
MELBOURNE, FL 32901 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: D () Delete
Name: PEFFER, CLAIRE KANTOR
Address: 24 SILVER PALM AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: V () Delete
Name: POCOSKI, MADELYN M
Address: 24 SILVER PALM AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: TREFRY, SUSAN P
Address: 24 SILVER PALM AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: BAUM, MELISSA P
Address: 24 SILVER PALM AVE
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: BABICH, CYNTHIA A
Address: 24 SILVER PALM AVE
City-St-Zip: MELBOURNE, FL 32901

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 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: SUSAN P. TREFRY

Electronic Signature of Signing Officer or Director

SEC.

04/28/2009

_____ Date