

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90101 021 \*\*\*150.00

**DOCUMENT # P94000047574**

1. Entity Name

RIVERBEND MANAGEMENT COMPANY



Principal Place of Business

361 EAST END ROAD  
SAN MATEO FL 32187  
US

Mailing Address

361 EAST END ROAD  
SAN MATEO FL 32187  
US

2. Principal Place of Business

111 DIX LANE

Suite, Apt. #, etc.

3. Mailing Address

111 DIX LANE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

SAN MATEO

City & State

SAN MATEO

Zip

32187

Country

US

Zip

32187

Country

US

4. FEI Number

59-3254192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WILSON, PATRICIA L  
361 EAST END ROAD  
SAN MATEO FL 32187

7. Name and Address of New Registered Agent

Name

WILSON, PATRICIA L.

Street Address (P.O. Box Number is Not Acceptable)

111 DIX LANE

City

SAN MATEO

FL

Zip Code

32187

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, PATRICIA L	
STREET ADDRESS	361 EAST END ROAD	
CITY-ST-ZIP	SAN MATEO FL 32187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, PATRICIA L.	
STREET ADDRESS	111 DIX LANE	
CITY-ST-ZIP	SAN MATEO, FL 32187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patricia L. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 386-328-0344

Date

Daytime Phone #