2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000094904

1. Entity Name 100, RIVERSIDE, INC.



FILED Feb 05, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

1800 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952 1800 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952

US



DO NOT WRITE IN THIS SPACE

No Chg-P 02012007

CR2E034 (11/05)

4. FEI Number 65-0630233

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GACHE', WILLIAM F 1800 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952

DO NOT WRITE

				119	I NIS SPACE
	named entity submits this statement for the pilons of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILLEMI, NICHOLAS 1800 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952				000000621602 02/12/07-80023-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GACHE, WILLIAM F 1800 SE PORT ST. LUCIE BLVD PORT SAINT LUCIE, FL. 34952				
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Nilliam F. GACH JA2/1/07