

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000010416

FILED
Jul 07, 2005
Secretary of State

Entity Name: RIVERSIDE HEATING AND AIR, INC.

Current Principal Place of Business:

320 BOBWHITE TRAIL
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

320 BOBWHITE TRAIL
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3361881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARNES, BILLY C
320 BOBWHITE TRAIL
MONTICELLO, FL 32344 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STARNES, BILLY C
Address: 320 BOBWHITE TRAIL
City-St-Zip: MONTICELLO, FL 32344

Title: ST (X) Delete
Name: STARNES, REBECCA L
Address: 320 BOBWHITE TRAIL
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: WILLIAMS, STEPHEN
Address: 2791 GOLDEN EAGLE DR E
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MILLER, HUNTER M
Address: 2411 FLEISCHMAN RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPST (X) Change () Addition
Name: STARNES, BILLY C
Address: 320 BOBWHITE TRAIL
City-St-Zip: MONTICELLO, FL 32344

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 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 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: BILLY C. STARNES

VPST

07/07/2005

Electronic Signature of Signing Officer or Director

Date