


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000027900**  
 1. Entity Name  
**WEST RIVERSIDE, INC.**



Principal Place of Business      Mailing Address  
**4595 LEXINGTON AVENUE**      **4595 LEXINGTON AVENUE**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**WELLS, MARIE**  
**4595 LEXINGTON AVENUE**  
**JACKSONVILLE FL 32210**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILNE, D J<br>4595 LEXINGTON AVENUE<br>JACKSONVILLE FL 32210<br><input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MILNE, JOE H<br>4595 LEXINGTON AVENUE<br>JACKSONVILLE FL 32210<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WELLS, MARIE<br>4595 LEXINGTON AVENUE<br>JACKSONVILLE FL 32210<br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MILNE, JACK<br>4595 LEXINGTON AVENUE<br>JACKSONVILLE FL 32210<br><input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000352763<br>05/03/05-80036-009 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Marie Wells*      **MARIE WELLS**      4/29/05      904-387-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #