

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P96000027900

1. Entity Name
 WEST RIVERSIDE, INC.



Principal Place of Business
 4595 LEXINGTON AVENUE
 JACKSONVILLE, FL 32210

Mailing Address
 4595 LEXINGTON AVENUE
 JACKSONVILLE, FL 32210



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3382881 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, MARIE
 4595 LEXINGTON AVENUE
 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000750785
 05/18/07-80077-008 1350.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILNE, D J 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILNE, JOE H 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLS, MARIE 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILNE, JACK 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Marie Wells MARIE WELLS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 904-387-6770
 Date Daytime Phone #