


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90039 019 \*\*\*150.00

<b>DOCUMENT # P96000076557</b> 1. Entity Name RIVERSIDE FARMS, INC.	
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Principal Place of Business 2000 N HIGHLAND AVE TARPON SPRINGS, FL 34688	Mailing Address 2000 N HIGHLAND AVE TARPON SPRINGS, FL 34688
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**DO NOT WRITE IN THIS SPACE**

**40004782**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0722870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCALPIN, HUEY K 2000 N HIGHLAND AVENUE TARPON SPRINGS, FL 34688
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**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 renouncing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCALPIN, HUEY K 2000 N HIGHLAND AVENUE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCALPIN, W.LARAIN 2000 N HIGHLAND AVENUE TARPON SPRINGS, FL 34688
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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:** W. LARAIN MCALPIN W. Laraine Alpin 01/14/05 (727) 934-0571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #