2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000028897

RIVERSIDE GULF COAST BANKING COMPANY



FILED Apr 28, 2006 08:00 AN **Secretary of State**

Principal Place of Business

521 DEL PRADO BLVD S. CAPE CORAL, FL 33990-2618 Mailing Address

521 DEL PRADO BLVD S. CAPE CORAL, FL 33990-2618



04272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0713029

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WALLACE, JANICE 3405 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 33903

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 The above named entity submits this statement for the p the obligations of registered agent. 	surpose of changing its registered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	If applicable. (NOTE: Registered Agent signals	re required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000544122 05/11/06-80018-022 150.00

10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN, JOHN D 521 DEL PRADO BLVD S. CAPE CORAL, FL 339902618			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOR, ELMER W 521 DEL PRADO BLVD S. CAPE CORAL, FL 339902618			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFALA, DENNIS C 521 DEL PRADO BLVD S. CAPE CORAL, FL 339902618			
TITLE NAME STREET ADDRESS CITY'-ST-ZIP	D GILES, THOMAS H 521 DEL PRADO BLVD S. CAPE CORAL, FL 339902618			
TITLE NAME STREET ADDRESS CITY-SY-ZIP	V GRABER, RANDY E 521 DEL PRADO BLVD S. CAPE CORAL, FL 339902618			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDGAR A 521 DEL PRADO BLVD S. CAPE CORAL, FL 339902618 certify that the information supplied with this filling does not qualify for the experience.			

DO NOT WRITE IN THIS SPACE

r nereby certify that the information supplied with this filling 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 gustee 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 list empowered.

SIGNATURE:

PANON GRAWL RUTED NAME OF SIGNING OFFICER OR DIRECTOR