


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 /
Secretary of State**

DOCUMENT # P97000042786 1. Entity Name RIVERSIDE BANK OF THE GULF COAST	
--	---

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)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, JANICE 3405 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 33903

**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000544123 05/11/06-80018-023 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VERNON 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, GLENN 521 DEL PRADO BLVD. S. CAPE CORAL, FL 339902618

**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 another like empowered.

SIGNATURE:  **EVG/CFD** **RANDY GRABER** **4/27/06** **(239) 573-7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #