

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90170 027 ***150.00

DOCUMENT # P97000064816

1. Entity Name
H.C.T. RIVERSIDE, INC.



Principal Place of Business
202 N HARBOR CITY BLVD
STE 300
MELBOURNE, FL 32935 US

Mailing Address
202 N HARBOR CITY BLVD
STE 300
MELBOURNE, FL 32935 US

20048424



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3472147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYWORTH & CHANEY, P.A.
202 NORTH HARBOR CITY BLVD #300
MELBOURNE, FL 32935

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
HAYWORTH, MICHAEL S
202 NORTH HARBOR CITY BLVD. #300
MELBOURNE, FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CHANEY, GLEN E
202 NORTH HARBOR CITY BLVD. #300
MELBOURNE, FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
NEWTON, BRIAN R
202 N HARBOR CITY BLVD., STE. 300
MELBOURNE, FL 32935 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPST ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REMOVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RICHARD E. TORPY
202 N HARBOR CITY BLVD. #200
MELBOURNE, FL 32935 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 (321) 258-3300