## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## 03-14-2006 90034 004 \*\*\*150.00 **DOCUMENT # P97000064816** H.C.T. RIVERSIDE, INC. Principal Place of Business Mailing Address 202 N HARBOR CITY BLVD 202 N HARBOR CITY BLVD **STE 300 STE 300** MELBOURNE FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3472147 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAYWORTH & CHANEY, P.A. 202 NORTH NARBOR CITY BLVD #300 MELBOURNE, FL 32935 relbourne 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, -7-0( SIGNATURE \$5.00 May Be Election campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, DVST TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAYWORTH, MICHAEL S NAME 202 NORTH HARBOR CITY BLVD. #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIF DP ☐ Delete Change Addition CHANEY, GLEN E NAME NAME STREET ADDRESS 202 NORTH HARBOR CITY BLVD. #300 STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY+ST-7F Change DV. ☐ Delete TITLE ☐ Addition TULE TORPY, RICHARD E NAME 202 N HARBOR CITY BLVD., STE. 200 STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chance Delete TIBLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. Thereby 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 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 Glen E. Chanel SIGNATURE: TYPED OF PRINTED NAME OF SIGNI Daytime Phone #

FILED

Mar 14, 2006 8:00 am Secretary of State