

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

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



05092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TORPY, RICHARD E
202 N HARBOR CITY BLVD., STE. 200
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000763329
05/30/07-80004-013 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-07

321-253-3300