2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90044 012 ***150.00

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1. Entity Name
RIVERSIDE BUILDERS DIVERSIFIED, INC.

60008215

Principal Place of Business	Mailing Address
511 W TOWLES AVE STE 1 PALATKA, FL 32177 US	511 W TOWLES AVE STE 1 PALATKA, FL 32177 US

2. Principal Place of Business — Suite, Apt #, etc — City & State — Zip — Country
3. Mailing Address — Suite, Apt #, etc — City & State — Zip — Country

01182006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3463787 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, LAURIE A
311 W TOWLES AVE
PALATKA, FL 32177

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 511 W. TOWLES AVE.
City: PALATKA FL Zip Code: 32177

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 ______________________

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SMITH, LAURIE A	
STREET ADDRESS	511 WEST TOWLES AVE.	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VD	☐ Delete
NAME	PARKER, VALERIE M	
STREET ADDRESS	511 WEST TOWLES AVE.	
CITY-ST-ZIP	PALATKA, FL 32177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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] LAURIE A. SMITH 1/19/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #