PO 6198

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000006927

1. Entity Name
RIVERSIDE ONE CAPITAL PARTNERS, INC.

Principal Place of Business	Mailing Address
328 2ND AVE N JACKSONVILLE BEACH, FL 32250 US	328 2ND AVE N JACKSONVILLE BEACH, FL 32250 US

DO NOT WRITE IN THIS SPACE

02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1590114

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWE, ANDREW
328 2ND AVE N
JACKSONVILLE BEACH, FL 32250

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FILED
Apr 05, 2006 08:00 AM
Secretary of State

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000493283
04/19/06-80100-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWE, ANDREW M V
STREET ADDRESS	328 2ND AVE N
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	WALKO, LEE S
STREET ADDRESS	75 EAST MARKET STREET
CITY-ST-ZIP	AKRON, OH 44308
TITLE	D
NAME	HELLINE, JOHN D II
STREET ADDRESS	4530 BUTTERRIDGE RD N
CITY-ST-ZIP	LAWRENCE, OH 44666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/22/06 904-270-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #