

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

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



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1590114	Applied For Not Applicable
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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

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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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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

2/23/07

Date

9042700270

Daytime Phone #