

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000006927

1. Entity Name
RIVERSIDE ONE CAPITAL PARTNERS, INC.



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

Mailing Address
328 2ND AVE N
JACKSONVILLE BEACH, FL 32250 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 and address

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

U000000896886
04/25/08-80024-019 150.00

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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

4/11/08
Date

904-270-0270
Daytime Phone #