

2004 FOR PROFIT CORPORATION ANNUAL REPORT

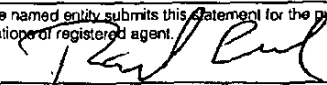
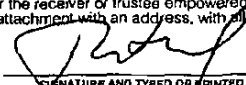
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54025290

DOCUMENT # P99000038160			
1. Entity Name RIVERSIDE CENTRAL FLORIDA BANKING COMPANY			
Principal Place of Business 401 SOUTH SEMORAN BOULEVARD ORLANDO, FL 32792		Mailing Address P.O. BOX 1227 FT. PIERCE, FL 34954-1227	
2. Principal Place of Business 401 S SEMORAN BLVD		3. Mailing Address Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State	
Zip 32792	Country USA	Zip	Country
4. FEI Number 65-0842870		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, VERNON D 401 SOUTH SEMORAN BOULEVARD ORLANDO, FL 32792		7. Name and Address of New Registered Agent SMITH, VERNON D Street Address (P.O. Box Number is Not Acceptable) 401 S SEMORAN BOULEVARD WINTER PARK City FL Zip Code 32792	
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 obligation of registered agent. SIGNATURE:  DATE: _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating).			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VERNON D 3150 NORTH A-1-A, 501-N FORT PIERCE, FL 34949 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALIFOUX, WAYNE D 870 CYNTHIANA CIRCLE ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVALESKI, CHARLES J 4120 GABRIELLA LANE WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, NAN B 1310 CHICHESTER STREET ORLANDO, FL 34803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSAKIS, JIM G 8801 INDRIO ROAD FT. PIERCE, FL 34951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKEY, KARLA H 823 NICOMA TRAIL MAITLAND, FL 32751 ☐ Delete	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 exemption stated in Section 119.07(3)(i), 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 another like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	