

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90031 045 \*\*\*150.00

**DOCUMENT # P99000047868**

1. Entity Name

RIVERSIDE PROPERTIES OF PASCO, INC.



Principal Place of Business

22346 MAGNOLIA TRACE BLVD  
LAKE HARBOR FL 33459

Mailing Address

PO BOX 1929  
LUTZ FL 33548

34031000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

22346 Magnolia Trace Blvd  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

4. FEI Number

59-3580726

Applied For

Not Applicable

Zip

Country

33549

Zip

Country

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

6. Name and Address of Current Registered Agent

WILSON, ROBERT M SR  
22346 MAGNOLIA TRACE BLVD  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME WILSON, ROBERT M SR  
STREET ADDRESS 22346 MAGNOLIA TRACE BLVD  
CITY-ST-ZIP LUTZ FL 33549

TITLE VPT ☐ Delete  
NAME WILSON, BONNIE KAY  
STREET ADDRESS 22346 MAGNOLIA TRACE BLVD  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert M. Wilson Sr.* ROBERT M. WILSON SR. 3-5-04 6203870