

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 001 ***150.00

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04032008 Chg-P CR2E034 (12/06)

DOCUMENT # P99000099816 1. Entity Name RENAISSANCE AT RIVERSIDE, INC.			
Principal Place of Business 2008 RIVERSIDE AVE 208 JACKSONVILLE, FL 32204		Mailing Address C/O GATEWAY SHOPPING CENTER 5258-12 NORWOOD AVE. JACKSONVILLE, FL 32208	
2. Principal Place of Business - No P.O. Box # 1732 Margaret St. Suite, Apt. #, etc.		3. Mailing Address 1732 Margaret St. Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32204 Country USA		City & State Jacksonville, FL Zip 32204 Country USA	
4. FEI Number 59-3649475		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHEFFIELD, J HOWARD 4209 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32217		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 JONES, CARLTON D 2008 RIVERSIDE AVE JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1732 Margaret St. Jacksonville, FL 32204	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		4/22/08 904-7647745 Date Daytime Phone #	