


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # S27287 1. Entity Name RIVERSIDE BANQUE PREMISES CORPORATION	
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Principal Place of Business 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950-6552	Mailing Address ATTN: ACCOUNTING 2810 S. U.S. 1 FORT PIERCE, FL 34982
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0266651	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

POLACKWICH, ALAN S. SR.
4100-20TH ST
VERO BEACH, FL 32960

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, VERNON D. 2211 OKEECHOBEE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, TIM E 2211 OKEECHOBEE RD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBBINS, CINDY M 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/22/08-80062-021 150.00

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: Tim E. Brown **Tim E. Brown** 4/24/08 772-466-1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #