


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000027900 1. Entity Name WEST RIVERSIDE, INC.							
Principal Place of Business 4595 LEXINGTON AVENUE JACKSONVILLE FL 32210		Mailing Address 4595 LEXINGTON AVENUE JACKSONVILLE FL 32210					
2. Principal Place of Business		3. Mailing Address		1st MOORE		CR2E034 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3382881		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WELLS, MARIE 4595 LEXINGTON AVENUE JACKSONVILLE FL 32210				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 _____				DATE _____			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILNE, D J			NAME	U00000352763		
STREET ADDRESS	4595 LEXINGTON AVENUE			STREET ADDRESS	05/03/05-80036-009 150.00		
CITY-ST-ZIP	JACKSONVILLE FL 32210			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILNE, JOE H			NAME			
STREET ADDRESS	4595 LEXINGTON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELLS, MARIE			NAME			
STREET ADDRESS	4595 LEXINGTON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILNE, JACK			NAME			
STREET ADDRESS	4595 LEXINGTON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: *Marie Wells* MARIE WELLS 4/29/05 904-387-6770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #