

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087479

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: LABELLE RIVERSIDE, INC.

**Current Principal Place of Business:**

1100 FIFTH AVENUE SOUTH  
201  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1100 FIFTH AVENUE SOUTH  
201  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 75-3082405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAUS & BALLENGER PA  
1072 GOODLETTE RD N  
NAPLES, FL 34102    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: WANKLYN, JOHN A  
Address: 1100 FIFTH AVE., SOUTH #201  
City-St-Zip: NAPLES, FL 34102

Title: VPD  
Name: TOM, FLOOD  
Address: 1100 FIFTH AVENUE SOUTH #201  
City-St-Zip: NAPLES, FL 34102

Title: SD  
Name: CONNOR, SYLVIA  
Address: 6423 BIRCHWOOD COURT  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A WANKLYN

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02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date