

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F40577</b> 1. Entity Name <b>RILAND, INC.</b>	
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Principal Place of Business <b>% FREDERICK P. LANDENBERGER, JR</b> <b>101 N.E. 19TH AVENUE #126B</b> <b>DEERFIELD BEACH FL 33441-1569</b>	Mailing Address <b>% FREDERICK P. LANDENBERGER, JR</b> <b>101 N.E. 19TH AVENUE #126B</b> <b>DEERFIELD BEACH FL 33441-1569</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number <b>59-2118752</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LANDENBERGER, FREDERICK P., JR</b> <b>101 N.E. 19TH AVENUE #126B</b> <b>DEERFIELD BEACH FL 33441-1569</b>	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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 _____
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**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"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	NAME KAINOL, ALBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2280 EGRET COVE DRIVE	CITY - ST - ZIP WEST PALM BEACH FL 33411	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	NAME LANDENBERGER, FREDERICK	STREET ADDRESS 101 NE 19TH AVE #126B	CITY - ST - ZIP DEERFIELD BEACH, FL
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BUSCHMAN, KATHLEEN	STREET ADDRESS 851 SE 4TH AVE	CITY - ST - ZIP POMPANO BEACH FL
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME TETZLAFF, HEIDI	STREET ADDRESS 714 SOUTH EAST COAST STREET	CITY - ST - ZIP LAKE WORTH FL 33460-1320
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Frederick P. Landenberger, Jr. **FREDERICK P. LANDENBERGER, JR.** 4/14/2005 954-422-2107