## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000047230

Address:

City-St-Zip:

4350 FOWLER STREET

FT. MYERS, FL 33901

FILED Mar 20, 2006 Secretary of State

Entity Na	me: RICKS' C	DF SOUTH FLORIDA, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
4175 EAST BAY DRIVE SUITE 104 CLEARWATER, FL 33764			4530 FOWLER ST FT MYERS, FL 33901		
Current N	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
SUITE 104	T BAY DRIVE 4 ATER, FL 337	64			
FEI Number	: 03-0454327	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:	
TINKHAM, RICHARD 4175 EAST BAY DRIVE SUITE 104 CLEARWAER, FL 33764 US			TINKHAM, RICHARD 4530 FOWLER ST FT MYERS, FL 33901	US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/20/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( TINKHAM, RIC 4350 FOWLEF FT. MYERS, FI	STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( GOULET, RICH 4350 FOWLER FT. MYERS, FI	STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ADAMS, RICHA 4350 FOWLER FT. MYERS, FI	STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( MANLEY, WILI 4350 FOWLER FT. MYERS, FI	STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	T ( FURROW, MIC	) Delete HAEL	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD GOULET ٧ 03/20/2006