


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90032 047 ***150.00

DOCUMENT # P05000091408

1. Entity Name
RRIOTT, INC.



Principal Place of Business Mailing Address
7386 GAS LINE RD **7386 GAS LINE RD**
KEYSTONE HEIGHTS FL 32656 **KEYSTONE HEIGHTS FL 32656**



2. Principal Place of Business 3. Mailing Address
7386 Gas Line Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
Keystone Heights, Fl.
 Zip Country
32656 **USA**

4. FEI Number Applied For
51-0552660 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARRIOTT, THERESA H
7386 GAS LINE RD
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | MARRIOTT, THERESA H |
| STREET ADDRESS | 7386 GAS LINE RD |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | MARRIOTT, VERNEE B |
| STREET ADDRESS | 7386 GAS LINE RD |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 |
| TITLE | CEOT <input type="checkbox"/> Delete |
| NAME | MARRIOTT, BRADLEY E |
| STREET ADDRESS | 7386 GAS LINE RD |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | MARRIOTT, BRITANY L |
| STREET ADDRESS | 7386 GAS LINE RD |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Theresa H. Marriott* Theresa H. Marriott 2/6/06 352 473-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #