

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 542321

1. Entity Name
RIEHLMAN, INC.



Principal Place of Business
**449 EAST GRAVES AVE
ORANGE CITY, FL 32763 US**

Mailing Address
**449 EAST GRAVES AVE
ORANGE CITY, FL 32763 US**



2. Principal Place of Business

3. Mailing Address

Suite Apt. # etc.

Suite Apt. # etc.

03302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FCI Number

59-1756790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIEHLMAN, ROYCE
449 EAST GRAVES AVE
ORANGE CITY, FL 32763**

Name

Street Address (P.O. Box Numbers 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

Signature of officer or director authorized to sign this statement

Signature of registered agent authorized to sign this statement

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RIEHLMAN, ROYCE W.**
CITY ST ZIP **449 EAST GRAVES AVE
ORANGE CITY, FL 32763**

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **RIEHLMAN, MARY ELLEN**
CITY ST ZIP **449 EAST GRAVES AVE
ORANGE CITY, FL 32763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
**U000000102433
04/05/04-80015-012 150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(c), 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 another like empowered.

SIGNATURE:

Royce W. Riehlman

Royce W. RIEHLMAN

4-1-04

386 967-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING