2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 593278

Entity Name: RICHARD R. RICCIANI, CPA, P.A.

CONSOLAZIO, JOELLA M

FORT MYERS, FL 33901

1468 ROSDA WAY

Name:

Address:

City-St-Zip:

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3606 SE 2 CAPE CO	1 AVE RAL, FL 33904				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3606 SE 2 CAPE CO	1 AVE RAL, FL 33904				
FEI Number	: 59-1861792	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3606 S.E. CAPE CO	e of Florida.		irpose of changing its registere	ed office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () RICCIANI, RICH 3606 SE 21 AVE CAPE CORAL, F	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () RICCIANI, LIND 3606 SE 21 AVE CAPE CORAL, F	:	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	T ()	Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD R RICCIANI PTD 03/18/2009