

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 688663

1. Entity Name
R L & D., INC.



FILED
05 JUL -1 AM 9:20

Principal Place of Business
C/O RILEY L. LANDERS, JR.
835 WEST BREVARD STREET
TALLAHASSEE, FL 32314

Mailing Address
C/O RILEY L. LANDERS, JR.
P.O. BOX 5003
TALLAHASSEE, FL 32314-5003

SECURITY STATE
TALLAHASSEE, FL 32314



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2043952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANDERS, RILEY L JR.
835 W. BREVARD ST.
TALLAHASSEE, FL 32314

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
LANDERS, DOROTHY R. ☐ Delete
STREET ADDRESS
8125 BUCK LAKE RD
CITY-ST-ZIP
TALLAHASSEE, FL,

TITLE
NAME
P
LANDERS, RILEY L, JR. ☐ Delete
STREET ADDRESS
8125 BUCK LAKE RD
CITY-ST-ZIP
TALLAHASSEE, FL,

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100057341071
07/12/05--01026--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 who empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/05