

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **688663**

1. Entity Name

R L & D, INC.
10 RILEY L. LANDERS



FILED

07 APR 30 AM 10:36

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500101583895

05/04/07--01017--029 **150.00

CR2E034B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

835 W. BREVARD ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5003

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TLH., FL.

4. FEI Number

Applied For

Not Applicable

Zip

32304

Country

US

Zip

32314-5003

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RILEY LANDERS

Street Address (P.O. Box Number is Not Acceptable)

8125 BUCK LAKE RD

City

TLH.,

FL

Zip Code

32317-8509

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

Riley Landers

4/30/07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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: **PRESIDENT**
NAME: **RILEY LANDERS**
STREET ADDRESS: **P.O. BOX 5003**
CITY-ST-ZIP: **TLH., FL. 32314-5003**

TITLE: **SECRETARY**
NAME: **DOROTHY LANDERS**
STREET ADDRESS: **8125 BUCK LAKE RD**
CITY-ST-ZIP: **TLH., FL. 32317-8509**

TITLE: **SECRETARY/TREASURER**
NAME: **DOROTHY LANDERS**
STREET ADDRESS: **8125 BUCK LAKE RD**
CITY-ST-ZIP: **TLH., FL. 32317-8509**

TITLE: **DO NOT WRITE IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Riley Landers* **RILEY LANDERS PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #