

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 736018

1. Entity Name
RICHARD RONISVALLE'S REALITY, INC.



Principal Place of Business
180 CHURCH ROAD
MERRITT ISLAND, FL 32953

Mailing Address
P.O. BOX 711
COCOA, FL 32923 US



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1711331	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RONISVALLE, RICHARD
180 CHURCH ROAD
MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RONISVALLE, RICHARD 180 CHURCH ROAD MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD RONISVALLE, CAROL 180 CHURCH ROAD MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD RONISVALLE, RICHARD M 180 CHURCH ROAD MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RONISVALLE, RICHARD M 1332 COVINGTON CT ST CHARLES, IL 60174
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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00000001130
 01/09/04-80029-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: RICHARD RONISVALLE / PRESIDENT / Richard Ronisvalle 1/6/04 (321)452-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #