

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004501

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: R & I FLORIDA ENTERPRISES INC.

## Current Principal Place of Business:

112 COMBER ROAD  
HILLSBOROUGH, OC

## New Principal Place of Business:

112 COMBER ROAD  
HILLSBOROUGH, CO BT26 6NA NI

## Current Mailing Address:

% BYRD & GANTT  
2716 REW CIR #101  
OCOE, FL 34761

## New Mailing Address:

% BYRD & GANTT  
2716 REW CIR #101  
OCOE, FL 34761 US

FEI Number: 98-0233651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GANTT, ANGELA  
% BYRD GANTT, CPA'S PA  
2716 REW CIR #101  
OCOE, FL 34761 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LYONS, RAYMOND  
Address: 112 COMBER RD., HILLSBOROUGH, CO DOWN  
City-St-Zip: N. IRELAND BT266NA,

Title: D ( ) Delete  
Name: LYONS, IRIS  
Address: 112 COMBER RD., HILLSBOROUGH, CO. DOWN  
City-St-Zip: N. IRELAND BT266NA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LYONS, RAYMOND  
Address: 112 COMBER RD., HILLSBOROUGH,  
City-St-Zip: HILLSBOROUGH,, CO BT266NA NI

Title: D (X) Change ( ) Addition  
Name: LYONS, IRIS  
Address: 112 COMBER RD.  
City-St-Zip: HILLSBOROUGH, CO BT266NA NI

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

SIGNATURE: IRIS LYONS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date