2006_FOR_PROFIT_CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F04000002797 04-28-2006 90220 001 ***150.00 1. Entity Name 04-28-2006 90220 002 *****8.75 RICKJOHN, INC. Principal Place of Business Mailing Address 717 REAMER DR 717 REAMER DR CARNEGIE PA 15106 CARNEGIE PA 15106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 25-1444027 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAMMIERE, SARAH Street Address (P.O. Box Number is Not.Acceptable) 100 BERMUDA BAY CIRCLE SUITE 103 PONTE VEDRA BEACH FL 32082 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 FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME GAMMIERE, RICHARD E NAME STREET ADDRESS STREET ADDRESS 717 REAMER DR CITY-ST-ZIP CITY-ST-7IP CARNEGIE PA 15106 **X** Change VΡ Delete me TITLE ☐ Addition WALLO, Robert J. Circle Ste 103 NAME WALLO, ROBERT J NAME STREET ADDRESS 3190 ANNANDALE DR STREET ADDRESS PONTE VEDRA BEACH, FL. 32082 CITY-ST-ZIP PRESTO PA 15142 CITY-ST-ZIP TITLE Delete IIILE ☐ Change ■ Addition ST NAME GAMMIERE, SARAHANN NAME STREET ADDRESS STREET ADDRESS 717 REAMER DR CITY-ST-ZIP CITY-ST-ZIP CARNEGIE PA 15106 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE ПΠЕ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE:

Jan Journ

4-19-06

FILED

Apr 28, 2006 8:00 am Secretary of State

4/7.617-2700