

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91041 036 ***150.00

DOCUMENT # F19929

1. Entity Name
RIC-DEG, INC.



Principal Place of Business

**15400 NW HWY 27
OCALA, FL 34482**

Mailing Address

**15400 NW HWY 27
OCALA, FL 34482**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2102555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEGWITZ, FERNANDO
15400 NW HWY 27
OCALA, FL 34482**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEGWITZ, LUISA G	
STREET ADDRESS	15400 N.W. HIGHWAY 27	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEGWITZ DE JIMENEZ, ERIKA	
STREET ADDRESS	15400 NW HWY 27	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEGWITZ, LUISELENA	
STREET ADDRESS	15400 NW HWY 27	
CITY-ST-ZIP	OCALA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMINEZ, DOMINGO	
STREET ADDRESS	15400 N.W. HIGHWAY 27	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGWITZ, FERNANDO	
STREET ADDRESS	15400 N.W. HIGHWAY 27	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAYEGH, MARCELO	
STREET ADDRESS	15400 N.W. HIGHWAY 27	
CITY-ST-ZIP	OCALA, FL 34482	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE *Mercedes B. P. L. Holt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #