


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

7/15/08 08 SEP 15 PM 2:17:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2102555	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFREDO, LICHOA 4875 NW 83RD TERRACE OCALA, FL 34482			7. Name and Address of New Registered Agent Name MARCELO SAYEGH Street Address (P.O. Box Number is Not Acceptable) 15400 NW HWY 27 City OCALA FL Zip Code 34482		
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 MARCELO SAYEGH DATE 09/04/2008 <small>Signature, typed or printed name of registered agent, and title if applicable. (If not registered agent, sign and date when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEGWITZ, LUISA G 15400 N.W. HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	09/23/08 01010-011 **408 75 100136246391 09/23/08 01010-011 **408 75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEGWITZ DE JIMENEZ, ERIKA 15400 NW HWY 27 OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DEGWITZ, LUISELENA 15400 NW HWY 27 OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JIMINEZ, DOMINGO 15400 N.W. HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEGWITZ, FERNANDO 15400 N.W. HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAYEGH, MARCELO 15400 N.W. HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Luisa G. Degwitz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			09/04/2008 (352) 528 4136 Date Daytime Phone # 261 (352) 8755556		