## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G72079**

Entity Name

RICLIN DEVELOPMENT CORP.



US

FILED Apr 11, 2008 08:00 All Secretary of State

Principal Place of Business

**2225 A1A SOUTH** 

STE C-2

ST. AUGUSTINE, FL 32084

Mailing Address

**2225 A1A SOUTH** 

STE C-2

DO NOT WRITE IN THIS SPACE

ST. AUGUSTINE, FL 32084

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No Cha-P

CR2E034 (11/05)

01252008 4. FEI Number

Applied For

Not Applicable

59-2356148

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GREENE, CLINTON E. 2225 A1A SOUTH

STE C-2

ST AUGUSTINE, FL 32084

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 Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent aignature required when reinstating)  DATE					
FILE NOWIII. FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	#00000891408 
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PTD GREENE, RICHARD A. 376 MARSHPOINT CIRCLE ST. AUGUSTINE, FL		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENE, CLINTON E. 511 TURNBERRY LANE ST. AUGUSTINE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					9. Floring Statutes 1 buther certify that the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental legacity 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 frustey empowered to execute this properties 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:

BIGNAPORE AND TYPED OR PRINTED MAINE OF BIGNING OFFICER OR DIRECTOR

Richard Greene

2-6.08

904-471-8750

Daytime Phone #