


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # G73656 1. Entity Name RIEDEL AGENCIES INSURANCE & TRAVEL INC.	
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Principal Place of Business % JAMES P. RIEDEL 3570 CONSUMER STREET, #1 RIVIERA BEACH, FL 33404	Mailing Address % JAMES P. RIEDEL 3570 CONSUMER STREET, #1 RIVIERA BEACH, FL 33404
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2309193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIEDEL, JAMES P. 3570 CONSUMER STREET #1 RIVIERA BEACH, FL 33404
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000279651 03/29/05-80004-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIEDEL, JAMES P 3570 CONSUMER STREET #1 RIVIERA BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIEDEL, JAMES P 3570 CONSUMER ST #1 RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIEDEL, MARIE 3570 CONSUMER STREET #1 RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 information.

SIGNATURE: *James P. Riedel* **3/22/05** **561-863-5227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #