

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J34772 . . . .**

**1. Entity Name**  
**EARL RICKETTS COMPANY, INC.**



**Principal Place of Business**

**4020 ADAMO DRIVE  
P. O. BOX 10371  
TAMPA, FL 33679**

**Mailing Address**

**4020 ADAMO DRIVE  
P. O. BOX 10371  
TAMPA, FL 33679**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

**4. FEJ Number**  
59-2725498

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LARKIN, JACK M.  
806 JACKSON STREET  
TAMPA, FL 33602**

**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 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**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ESPOSITO, JAMES R.</b>
<b>STREET ADDRESS</b>	<b>205 WILD OAK DR.</b>
<b>CITY-ST-ZIP</b>	<b>BRANDON, FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>RICKETTS, WAYNE</b>
<b>STREET ADDRESS</b>	<b>4040 ADAMO DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>WILCOX, DONNA</b>
<b>STREET ADDRESS</b>	<b>5116 POE AVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL</b>
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>RICKETTS, JEAN R.</b>
<b>STREET ADDRESS</b>	<b>5116 POE AVENUE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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01/13/04-80050-002 150.00

**DO NOT WRITE  
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 empowered.**

**SIGNATURE: JEAN R. RICKETTS** *JEAN R. Ricketts* **1-8-04** **813-247-2257**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #