FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90042 047 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J59945

1. Entity Name
RICE CONSTRUCTION & LAND DEVELOPMENT CO.

Principal Place of Business	Mailing Address
101 OLD S DR CRESTVIEW, FL 32536 US	P.O. BOX 687 CRESTVIEW, FL 32536 US

40015954

2. Principal Place of Business	3. Mailing Address
5833 Buckskin Ct	same As
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRESTVIEW	City & State
Zip: 32536 Country: OKALOOSA	Zip Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2774140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICE, DALE E., JR 101 OLD S DR CRESTVIEW, FL 32536 Change of Address	Name: Rice, Dale E Jr. Street Address (P.O. Box Number is Not Acceptable): 5833 Buckskin Ct. City: CRESTVIEW FL Zip Code: 32536

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D RICE, DALE E., JR ~~101 OLD S DR~~ CRESTVIEW, FL	☑ Delete Change	P Rice, Dale E Jr. 5833 Buckskin Ct. CRESTVIEW, FL. 32536.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ______ DALE E. RICE, Jr. 2/5/05 850-902-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #