

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90049 038 ***158.75

DOCUMENT # J88084

1. Entity Name
RICH'S PRINTING SERVICE, INC.



Principal Place of Business
**C/O CHARLENE RICCIUTI
3643 N.E. 25TH STREET, SUITE 2
OCALA, FL 34470**

Mailing Address
**C/O CHARLENE RICCIUTI
3643 N.E. 25TH STREET, SUITE 2
OCALA, FL 34470**

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2841271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICCIUTI, MARY CHARLENE
3643 NE 25 STR
STE 2
OCALA, FL 34470**

**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, 2005 Fee will be \$550.00.**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICCIUTI, JAMES JOSEPH
STREET ADDRESS	3643 NE 25 STR, STE 2
CITY-ST-ZIP	OCALA, FL
TITLE	VS
NAME	RICCIUTI, MARY CHARLENE
STREET ADDRESS	3643 NE 25 STR, STE 2
CITY-ST-ZIP	OCALA, 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 empowered.

SIGNATURE: Mary Charlene Ricciuti **MARY CHARLENE RICCIUTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05
Date

352/351-4609
Daytime Phone #