## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J88084

Entity Name: RICH'S PRINTING SERVICE, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2841271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICCIUTI, MARY CHARLENE
3643 NE 25 STR
3643 NE 25 TH STREET
STE 2
OCALA, FL 34470 US
RICCIUTI, MARY CHARLENE
3643 NE 25TH STREET
SUITE 2
OCALA, FL 34470 US

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.

SIGNATURE: 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition RICCIUTI, JAMES JOSEPH RICCIUTI, JAMES JOSEPH Name: Name: 3643 NE 25 STR, STE 2 3643 NE 25TH STREET SUITE 2 Address: Address: City-St-Zip: OCALA, FL 34470 US City-St-Zip: OCALA, FL 34470 US

Title: ٧S Title: (X) Change ( ) Addition () Delete RICCIUTI, MARY CHARLENE Name: Name: RICCIUTI, MARY CHARLENE 3643 NE 25 STR, STE 2 Address: 3643 NE 25TH STREET SUITE 2 Address: OCALA, FL 34470 US OCALA, FL 34470 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CHARLENE RICCIUTI VP/S 01/19/2009