

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90033 039 \*\*\*150.00

**44024262**



03112004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0019427** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # K08393**  
1. Entity Name  
**RILINJA, INC.**



Principal Place of Business  
**% JOHN PATTERSON  
46 N. WASHINGTON BLVD, STE #1  
SARASOTA, FL 34236**

Mailing Address  
**% JOHN PATTERSON  
46 N. WASHINGTON BLVD, STE #1  
SARASOTA, FL 34236**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**PATTERSON, JOHN  
46 N. WASHINGTON BLVD  
SUITE #1  
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name  
**LPS CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**46 N. WASHINGTON BLVD., #1**

City  
**SARASOTA** FL Zip Code  
**34236**

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  **JOHN PATTERSON, as President** (NOTE: Registered Agent signature required when reinstating) DATE **3/11/04**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BENNETT, RICHARD 2106 BISPHAM ROAD, #B SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATTERSON, JOHN 46 N WASHINGTON BLVD #1 SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **RICHARD BENNETT, Vice President** (941) 924-8786  
Date **3-31-04** Daytime Phone #